Greater New York ral Meeting Oral Hygiene NOVEMBER 1944

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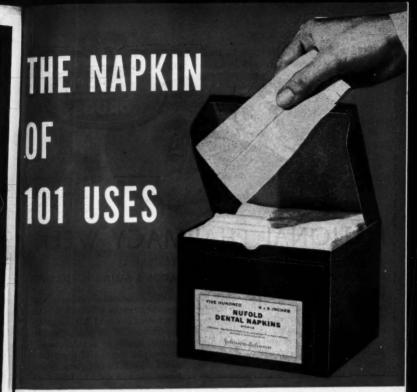
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In This Issue:

SEVEN WAYS TO SERVE THE HOMECOMING DENTIST



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DENTAL DIVISION



The handy dental napkin

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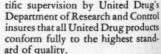
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10,000 REXALL DRUG STORES JOIN THE NATION'S SALUTE TO SERVICE

Once again National Pharmacy Week brings to the pharmacists of America a measure of recognition and tribute for the outstanding results which they — in conjunction with the medical profession — have achieved in a field that has today taken on ever increasing significance — the maintenance of the public health.

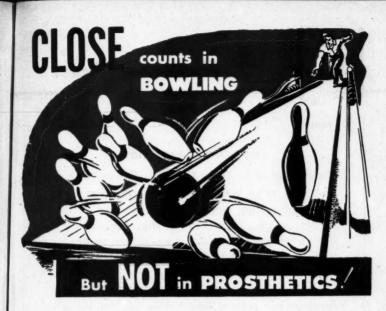
Nowhere is there a deeper regard for the public health as a public trust, nowhere a deeper devotion to the integrity of the pharmaceutical profession than in this country's 10,000 conveniently located Rexall Drug Stores, where carefully trained pharmacists, pharmacists of experience and ability, stand constantly ready to fill your prescriptions to the letter, to serve you and your patients with any standard product — including United Drug quality pharmaceuticals. You can have complete confidence in any United Drug product you use in your careful administration to your patients' health and comfort... for rigorous, scien-



We suggest that you patronize—and recommend to your patients—these friendly, helpful Rexall Drug Stores, for both you and your patients will appreciate and endorse the constant high standards, both of product and of service, which form the most important factor in the Rexall tradition of reliability, convenience and economy.



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Pharmaceutical Chemists — Makers of tested-quality products for more than 41 years



A denture that "almost fits" will not satisfy your patient. So it's important to make an accurate beginning by using Clover Leaf Plaster for the impression. Extremely fine grained, Clover Leaf precision materials reproduce exactly every minute detail of teeth and tissue.



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The Publisher's Corner

By Mass

Number 281

NOTHING IS VERY TIDY

FIRST SIGHT of the ORAL HYGIENE office twenty-eight years ago was a horrid disappointment, after expectations of settling down to work in a spot perhaps chastely swank. There was nothing plushy about it. It wasn't very big; in fact, it was on the small side. Walls were festooned here and there with random designs of paint blisters. A thin film of soot sugared accumulations of papers on battered-looking desks. The furniture had perhaps been golden oak, but the newcomer couldn't be sure. Tall, teetery stacks of old magazines stood in corners, lurking there as though meditating sudden descent upon the unwary. Two or three spindly, weak-kneed chairs waited in ambush for visitors brave enough to sit down.

The desk assigned to me seemed tired and careworn. One corner was sprung, and whenever the wreck was pushed a certain way, the wooden pins worked in and out of the holes they were supposed to stay in. In time, this got to be fun; if someone kindly cooperated by sitting on that corner, it was possible to do some pinching by remote control without appearing to have had anything to do with it when the victim sprang up

(Continued on page 1786)



"Anacin gives 'em quick relief after extractions!"

281

"Seems to calm them down, too, Doctor, between divided sittings!"



"Anacin's a great help after any instrumentation!"

"I use it myself for simple headaches, Doctor!"

Pain after operation is relieved quickly by Anacin's skilful combination of effective, medically proven ingredients.

Pain after instrumentation that so upsets patients, leads them to fear your chair . . . is eased by Anacin's quick action!

Let Anacin work for you in your

office. Recommend it to your patients for further relief of pain at home, if pain persists.

Whitehall Pharmacal Company, 22 E. 40th St., New York 16, N. Y.



The Publisher's Corner

(Continued from page 1784)

squealing. The partitions were golden oak, of somewhat more luster than the desks; but the partitions, too, were frail and wiggly, and when a door was smartly slammed seemed almost to ripple like an old-time stock company backdrop.

It was really quite a place. Linford Smith, founder of the magazine and its publisher then, didn't seem to mind. Certainly, he never did anything to change the setting, despite his being extremely fastidious about his clothes, and the appointments of his home. After a while, you got used to it yourself, and the rickety environment began to seem quite all right, and in tune with the publishing life.

During the years since then, ORAL HYGIENE has moved several times, each time into somewhat more commodious quarters. But just as a child's life is supposed to be shaped in the early formative years, so that first old office is reflected around here even now. The decor is dreadful. A good deal of the furniture is wobbly, although—unfortunately—none of the desks is a mantrap. No blisters festoon the walls. But little lumpy islands of old magazines are spotted here and there. And most of the place is sugared with soot, once over lightly. Nothing is very tidy, excepting Little Annie's nook; but she is new and will learn.

Sometimes we brood about getting a new place to work in, but likely if we did we would feel ill at ease there, and uncomfortable, at least until we got the little islands of old magazines started again, and brought in some soot.

12 Investments in 1!

CASTING INLAYS with Kerr Cristobalite Inlay Investment, and using Dr. Phillips Control Technic, you have a choice of 12 investments in one. Pick the one that best fits expansion conditions, set your scale, weigh your Cristobalite and Control Powder, go ahead to automatic precision results.

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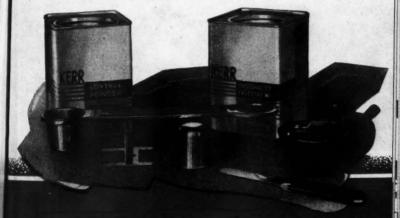
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Cristobalite Inlay and Control Powder are made to supply this wide variety of expansion by combination in varied proportions. Except only in their coefficients of expansion, their properties as investment materials are identical.

Ask for our Doctor Phillips Reprint. It opens up this whole fascinating field and gives full data, including technic.

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MONUMENT TO NATURE'S ART

Down through the centuries, nature's hand has carved out of earth and rock, this monument of lasting beauty. Cracks, strains and erosions give variety to its surface... changing colors and light reflections keep its charm alive, vibrant.

In duplicating the live beauty in teeth, Dr. Myerson's True-Blend follow the same natural laws. Variety for interest; color and harmony—the play of light and shadow—for vibrant beauty.

Hand-blended by skilled craftsmen, Dr. Myerson's True-Blend Teeth gain their charm from a blending of striations, erosions and irregular incisal edges.

And these more natural looking teeth are stronger, too. For greater security in processing and use, specify—

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IDEAL TOOTH INC., CAMBRIDGE 39, MASS

HIERESTING

43,000,000 "Carpule" Cartridges of Novocain-Pontocaine-Cobefrin used since its introduction 4 years ago would cover 3 Washington Monuments!

> For Routine Users of "Carpule" Brand Local Anesthelics Order our New .. Utility Carton 500 Cartridges in 10 handy 5 Cartridge sections. May be had assorted formulae of your se tion at the 500 and 100 que rates.



■ That's interesting because it gives some tangible idea of how many 43,000,000 "Carpule" Cartridges are. Of greater interest to you is the Professional Confidence in Novocain-Pontocaine-Cobefrin which those 43,000,000 cartridges represent, and that that Confidence is founded on the satisfactory findings for Novocain-Pontocaine-Cobefrin in the Laboratory of General Practice. The Profession's acceptance of this formula resulted solely from its performance; it was not built up by selling or advertising pressure.

If you are seeking a local anesthetic which will produce the profound, prolonged anesthesia necessary for protracted operative and surgical procedures, use Novocain-Pontocaine-Cobefrin. It will permit you to operate with speed and dexterity.

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COOK WAITE Laboratories, Inc.







● With no samples available as "reminders," far-sighted dentists take office time to insure themselves against unreasonable criticism from new denture wearers. They use words to stress the safe and efficient cleansing of dentures with Werner's Dentu-Creme and the specially designed Dr. Werner's Plate Brush—both still obtainable at regular outlets.

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WERNET'S Dentu-Creme DR. WERNET'S Plate Brush

ADVICE CONTRACTOR OF THE PARTIES OF

A HIGH CARIES INDEX

Although the precise cause of caries still requires clarification, a necessary antecedent to the lesion is a bacterial colony left undisturbed on the tooth surface, capable of destroying dental engage.

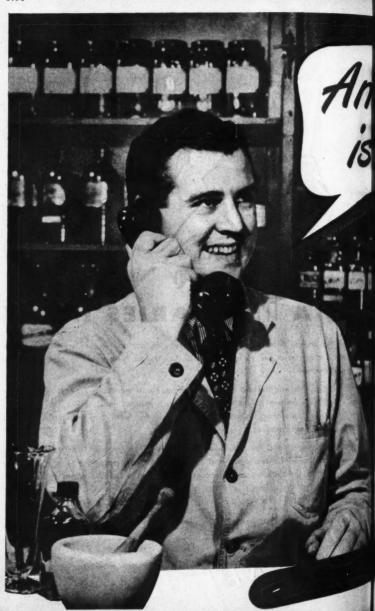
Contributing to this undisturbed retention is inadequate masticatory effort — since vigorous chewing is known to discourage the lodgement of food debris, to scrub the teeth, and (by stimulating salivary flow) to flush the teeth and lessen the harmful acidity of mucinous plaques.

Many dentists recommend the regular use of Dentyne Gum for both children and adults, because it provides the resilience and frictional efficiency required in a satisfactory masticatory and signogaue—and because it embodies a reduced sugar content.

DENTYNE VNE

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Dentyne



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And Friend is ack, Doctor!

NATURAL BRISTLES ARE BACK ON PY-CO-PAY BRUSHES

Arecent national survey of dentists showed that genuine natural bristles were preferred 3 to 1. Now the Py-co-pay brush, adult size, is available with natural bristles—black—extra hard. Tell your patients to ask for Py-co-pay "Natural."

Py-co-pay is recommended by more dentists than any other brush.

The Py-co-pay "Natural" is in addition

to the regular line of Py-co-pay

brushes with nylon bristles.

Propé Inc., Jersey City 6, N. J.



PY-CO-PAY TOOTH BRUSHES

SS-S-WHITE DENTURE METHY

8. S. White Denture Royalc, although a newcomer to the dental profession and trade, is old in the laboratories of The S. White Dental Mig. Co.

It is a powder and liquid type of denture base material, the highest quality polymer-monomer material adapted to denture purposes with the authenticity of thorough laboratory proof of its excellent properties, supplemented by convincing service tests in the mouths of critical patients.

Denture Acrylic is supplied clear, and pink — α color that looks well in or out of the mouth, α selection by α jury of color critics; we are sure you will like it.

Processing Denture Acrylic follows the established technique for methyl methacrylate resin denture bases—simple rules easy to follow.

Like any high-grade material for any purpose, it demands reasonable care, cleanliness, and judgment, and it pays for care in good results.

Needless to say, it reproduces the minutest detail of the mold, and holds its form when properly processed.

It holds its color and its beautiful surface indefinitely.

Denture Acrylic is tough, resilient, and strong for the thinnest sections permitted in denture base construction.

It produces dense, non-porous dentures that are easy to finish.



It is friendly to the oral tissues.

It is insoluble in mouth fluids; dilute acids and dilute alkalies will not harm it.

It is odorless, tasteless, and its hard, smooth surface discourages the attachment and accumulation of film and particles from substances taken into the mouth.

Until mixed for use, the shelf life of powder and liquid is indefinite.

Contains no plasticizer.

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Complies with A.D.A. Specifications

One Unit	1.60
10 Units (bulk package)	14.00 - \$1.40 per unit
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60 Unite (6-10 unit nackages)	72 00 - 1 20 per unit

Specify Pink or Clear

S. S. WHITE SEPARATING FILM

Replaces tinfoil in processing acrylics.

4 oz. Bottle \$1.00 16 oz. Bottle 3.00 32 oz. Bottle 5.50

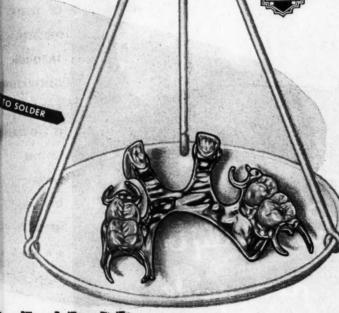
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PHILADELPHIA 5, PA.

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STRT. ALBANY, NEW YORK



The Family tree" as a quide in tooth selection ...

RESEARCH HAS SHOW CONCLUS THAT THE "FAMILY" SIMILARIES OF TEETH PERSISTS THROUGH AND

GENERATIO

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BY THE LAWS

OF

HEREDITY

VERSAL DENTAL COMPANY . 48th at BROWN STRE

The two casts shown here record the natural dentifions of a father and sen. Note the "family" similarity of the teeth.

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Thus, where there is no record for puidance in the selection and alignment of teeth for the edentulous patient, the sound practice is to examine the dentition of a near blood-relative. Inherited forms, arrangement and color of teeth will be suggested by such examination.

Five-Phase Anteriors provide the only means by which the natural characteristics of the patients' teeth may be reproduced in artificial dentures. This is so, because instead of being patterned to a concept, they are carved to the true anatomy and have the character, color brilliance and therefore the appearance of human teeth.



CONTROLLED

Veri

PIVE PHASE

STREI 4.39, Pa. BRILLIANCE

Bones, tendons and muscles fit each othe

Throughout the body, wherever presure or friction exists between har bony surfaces and softer tendons muscles, nature interposes a pod-"bursa"—as a necessary protecticushion. These protective pads a located at dozens of required point to "cushion the fit" of these part



THE MEASURE POWDER THAT CONFORMS

Test the superior qualities of FASTETH your own practice. Mail the coupon attach to your professional card or letterhea h othe

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THE UNYIELDING DENTURE, TOO,

NEEDS A Cushion Sit"

Respect for physiologic principles, and consideration for the patient's comfort, recommend the use of Fasteeth between the hard — perfectly fitted — denture and the soft, sensitive tissues of the mouth.

By providing a resilient colloidal cushion, Fasteeth aids in distributing masticatory shock...and in reducing the likelihood of irritation from friction caused by clumsy manipulation.

It is persistently retentive—contributing materially toward the maintenance of intimate contact in spite of tissue resorption, and toward the strengthening of the peripheral seal.

Moreover, Fasteeth's alkalinity and mildly antiseptic qualities discourage bacterial growth in the moist "sealed-in" space between denture and palate.

Patients like its practical helpfulness . . . and its pleasant flavor!

FASTEETH

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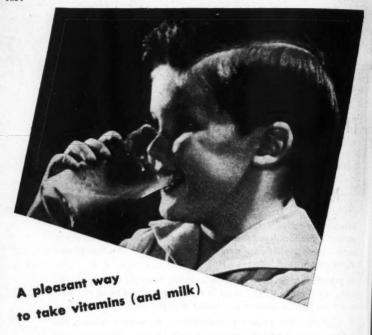
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Please send me gratis trial samples of Fasteeth, the alkaline denture powder, and Dr.

Address

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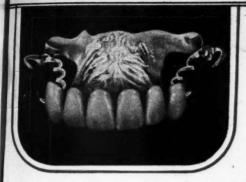


Cal-C-Tose 'Rocho' — a happy solution for the finicky, undernourished patient who cannot take tablets or capsules or who has grown tired of plain milk. Cal-C-Tose contains generous amounts of vitamins A, B₁, B₂, C, and D plus calcium and phosphorus, in an appetizing cocoa-malt base. Two heaping teaspoonfuls mixed with warm or cold milk makes a delicious "hot chocolate" or refreshing "milkshake." Supplied in 12-oz and 5-lb containers HOFFMANN-LA ROCHE, INC. • ROCHE PARK • NUTLEY 10 • NEW JERSEY

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RUBRIDGE New Hue ANTERIORS



for Cast Partials and Bridgework

They Match Adjacent Natural Teeth beyond Detection

FEATURES OF TRUBRIDGE
New Hue
ANTERIORS

Trubyte New Hue Porcelain Trubyte New Hue Shades Harmonious Forms Graded Lengths and Widths Natural Lingual Contour Tapered Post-Hole Special Ridge-Lap Finishing Shoulder THE natural, lifelike appearance of Trubridge New Hue Anteriors in the mouth results from their translucent, fluorescent, exquisitely shaded Trubyte New Hue porcelain, which absorbs and mirrors the colors of adjacent natural teeth. That is why Trubridge New Hue Anteriors can stand beside natural teeth and look natural, even under artificial light—a prime requisite in anterior partials and bridges.

Mould and Technic Book sent on request

THE DENTISTS' SUPPLY COMPANY OF NEW YORK 220 West 42nd Street New York 18, N. Y.

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COSMOS DENTAL PRODUCTS, INC. 4 115 VIII.

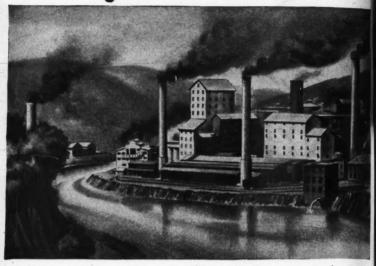
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Recently improved, to guard against dimensional change . . . to make it a completely troubleproof acrylic in handling, processing and in mouth service, Densene "33" is far and away the finest of all denture acrylics.

The physical properties developed for the improved product—added to its "Commendably deceptive" appearance fulfills the present concept of the "ideal" denture acrylic.

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Liquid Bulk



NONFRONTED with a vast waste disposal problem, industrial plants utilize nearby rivers to effectively flush away all residue.

Similarly, in the intestinal tract, there is no more efficient method of evacuating waste than by the use of liquid bulk-as formed by Sal Hepatica plus water.

Clinical and laboratory tests prove that:

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* Sal Hepatica's liquid bulk helps stimulate bowel muscles, maintain a proper water balance. And the salines of Sal Hepatica help relieve gastric acidity, help promote the flow of bile.

Dentists find Sal Hepatica helpful in guarding against systemic infection during the treatment of Periodontoclasia, Pulp Infection, Vincent's Angina, Chronic Abscesses, Retained Root Ingment and Sinus Involvement.

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TO HELP FLUSH THE INTESTINAL TRACT

Sal Hepatica Surrus Liquid Bulk!





OLOR in a good acrylic denture material is derived partly from the color pigment in the material and partly from the translucency of the naterial which permits transmission of the color from the tissues of the mouth. In DENSCO "Service" the color pigment is "set" by a special process on each and every granule of the powder, and it will not run, streak or fade.

The size of the granules is carefully controlled by screening to give an amazingly natural cellular gum appearance. Because of this right combination of pigmentation and granulation, 75% of the dentists in a recent test, selected "Service" as the best reproduction of living, healthy gum tissue!

> Ask your dealer for literature on "Service" ... the best buy in the acrylic market today.

ORDER FROM YOUR DEALER ... or Specify in Your Next Laboratory Case





Of course, "Service" meets A.D.A. Specification No. 12, and contains no plasticizer.

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MOY HOLDING POWDER

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- * Forms soft cushion between plate and tissues
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- * Creates confidence—and satisfied patients
- * Helps prevent gagging and nausea
- ★ Won't show through translucent dentures
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Recommend MOY to all your denture patients during the break-in period.

THE J. BIRD MOYER CO., INC. 1210-14 Vine Street Philadelphia 7, Pa.

Manufacturers of Fine Dental Products.



All-Porcelain Incisal All-Porcelain Tissue Contact No Gold Visible

TRUBYTE New Hue PIN **PONTICS**

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THE pins in Trubyte New Hue Pin Pontics are so placed that they will be in the normal cingulum area. This permits carving the backing to reproduce the natural lingual contour, with the bulky part of the backing covering the pins in line with the cingula of the natural teeth.

Patients readily become accustomed to a bridge with a naturaltooth lingual. It feels comfortable and natural to the tongue, offers no impediment to speech, requires no "period of adjustment,"

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PORCELAIN on ACRYLIC CASE

GARHART SYNTHAY SYMPLEN CEMENT

This improved opaque type of silicate is stronger, harder and offers greater resistance to the erosive action of the saliva. Made in 6 basic shades. No. 1 is pure white, an especially important achievement for acrylic work. No. 11 is a "special shade" for ceramic work, making dies, and cementing acrylic and porcelain jacket crowns.

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This special tint prevents-the porcelain jacket crowns from changing their shade values. Used with "Special Ceramic" liquid. Recommended by the foremost large laboratories for cementing Porcelain and Acrylic Inlays and Jacket Crowns.

GARHART 25% Pure Metal COPPER CEMENT

For cementing all-metal bridges, crowns, etc. Excels for germicidal qualities, hardness, tenacity, and enduring properties.

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alent the bayonet, the Tommy gun, the Garand—but he's fighting for life, all the same. The lives of other men...at the risk of his own in those advanced dressing stations and field hospitals. Bombs lash down...shells burst...but he stays at his post. Once in a while he has a moment to himself. A moment of relaxation...time for a cigarette... time for a Camel. In all the services, Camel is the favorite according to actual sales records.

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—Archives of Otolaryngology, March,
1943, pp. 404 - 410. Camel Cigarettes
... Medical Relations Division... One
Perahing Square, New York 17. N.Y.

AMEL



Oral Hygiene

VOL. 34, NO. 11	NOVEMBER 1944
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EDITOR			
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B.S., D.D.S.			

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EDITOR EMERITUS Rea Proctor McGee D.D.S., M.D.



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"SEE YOUR DENTIST EVERY 3 MONTHS"

Forhan's Advises Millions!

Forhan's educational campaign to the public stresses the importance of "seeing your dentist every 3 months" in national magazines month after month. Every Tuesday and Thursday night over the outstanding Gabriel Heatter program, the same helpful message is delivered over a Mutual coast-to-coast hookup.

RESULTS FROM CLINICAL INVESTIGATION IN GINGIVITIS CASES

In a recent clinical investigation, hundreds of patients were given individual dental examinations. Approximately half were first given prophylaxis. All were instructed to massage gums twice daily with Forhan's Toothpaste for 30-day test period. And here are the results:

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95% of those having Gingiritis showed Improvement. 100% of those having normal gums maintained gums in healthy condition.

Worthy of your professional recommendation

Forhan's with massage

For Firmer Gums-Natural Sparkling Teeth

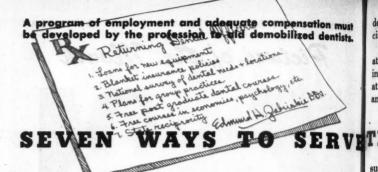
APAL HYGIENE FOR NOVEMBER 1944 . 34TH YEAR

Picture of the Month



FAUSTINE ROBERTS displays lapful of gold valued at \$9,300, removed from soldiers' teeth in three dental clinics at Camp Blanding, Florida. Boxes on the floor also contain gold. It will all go into the war effort through the United States Treasury. Miss Roberts is secretary to the Camp's salvage officer. Photograph courtesy of the Army Times.

Ten dollars will be paid for the picture used in this department each month. Send gloss prints with return postage to Oral Hygiene, 708 Church Street, Evanston, Illinois.



As MUCH As I should like to paint a beautiful picture of postwar security for the dentist, well recognized facts prevent me from doing so. The simple truth is that little is being done or being planned for the homecoming dentist. This may sound exaggerated and unjustified, but so far as I can tell from the current literature it is the truth. Some surveys are being made, and a great number of our community-minded persons are talking and writing Utopian articles on the merits of socialized dentistry and the government rainbow around the corner. Our national way of life is still capitalistic, and until our present Constitution and form of government is altered, plans should be made to solve the problems of the demobilized dentist in our existing type of society, and not promise him the beautiful Utopian dream of socialized dentistry. It is true that we may, through gradual evolution, come to socialism but the

fact remains that at the present time and, certainly, immediately after the war our problems will not be solved by the government but by organized dentistry itself.

By EDMUND H. ZABRISKIE, D.D.S.

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How can we go about doing this? Of course it will not be easy, but anything worthwhile can be accomplished with hard work. Dentistry has the workers, and a start in the right direction could be made now. A representative group of dentists as well as laymen should be organized to survey, develop, and adopt the following plan of professional security for the demobilized dentist:

1. Wherever necessary and be cause of insufficient funds returning dentists should be subsidized by the federal government in the purchase of necessary dental equipment. This subsidy should be financed by the government or by private banking under federal supervision at a nominal rate of interest. The loan should run over a long period and payment should

depend on the income and financial position of the dentist.

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2. The American Dental Association in conjunction with private insurance companies should offer at nominal cost a blanket insurance policy covering all office risks, service would be reduced, and the public would benefit. The more the practice of dentistry becomes specialized the greater will be the demand for group practice. In my estimation the challenge of dental clinics and socialized den-

RVITHE HOMECOMING DENTIST

such as malpractice, personal liability, fire, and theft in one policy. This would eliminate a duplication of premiums, policies, and bookkeeping. With this type of policy the demobilized dentist would feel a sense of security with adequate insurance protection.

3. A nationwide survey of dental needs and locations should be made by organized dentistry for the homecoming dentist. Overcrowded areas should be avoided and every effort made to place the homecoming dentist in the right location. A survey of this type, available to the dentist, will eliminate manpower waste and prevent a duplication of dentists where they are not needed.

4. Existing private practice should be surveyed with the object of organizing small associations or forming groups for the private practice of dentistry. In this way individual offices could be eliminated and, under a group plan, office expenses would be reduced radically and a better type of dental service could be offered the public. In turn, the cost of dental

tistry could be met successfully by private group practice.

5. Free postgraduate courses should be sponsored by organized dentistry in conjunction with our teaching institutions. Men in service require intensive refresher courses in all phases of civilian dentistry. An exchange of ideas and methods would not only benefit the military dentist but would be an asset to the civilian dentist as well.

6. Free government and university courses in psychology, economics, office procedure, and taxation, should be available to the homecoming dentist. Since war conditions make for mental and physical changes, he will require a new introduction to civilian practice and civilian methods of living. Every effort should be made to recognize and correct faults which war conditions have developed and exaggerated. Courses in simplified bookkeeping and taxation will help the homecoming dentist to become familiar with the financial problems faced by the civilian dentist. The field of children's dentistry should

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also be reintroduced to the military dentist.

7. State reciprocity is necessary for the homecoming dentist. This privilege should be granted without question by the various state boards. The man in military service is now practicing his profession in every state of the Union, as well as in foreign lands. To prevent him from continuing to do so would be gross injustice.

These seven points of postwar planning for the homecoming dentist are not in themselves an answer to all the problems which he must face. As events unfold any plan can be altered and adapted to new situations. The fact to remember is that the home coming dentist is looking to organized dentistry for practical guidance in the postwar world. Dentistry cannot shirk this great responsibility.

41 East 42nd Street New York City

INTERNATIONAL LABOR GROUP PROPOSES MEDICAL CARE

THE INTERNATIONAL Labor Conference, which met this year in Philadelphia, adopted two basic recommendations in the field of Social Security, one on income security and one on medical care.

With respect to medical care the Conference recommended the organization of a complete medical care service, designed ultimately to em-

brace the entire population.

It recommended that the medical care service should provide both curative and preventive care, either in the form of a social insurance service or of a public service. If social insurance service is chosen it would cover dependents as well as the insured contributor himself; the contribution being proportionate to the income of the insured person and not according to the number of his dependents. Persons unable to pay the contribution should receive care, with contributions paid on their behalf by the competent authority. If the form of public service is chosen, the service should be available to every member of the community without a means test and should be financed out of general revenue or by a special progressive tax.

Either form of service selected should furnish all varieties of care that can properly be given by the medical and allied professions and by hospitals and should include supplying of medicines and appliances.

The recommendation also sets forth the principle that all professions should cooperate and that they should not be subject to any supervision other than that of professional bodies. Every effort should be made to secure the highest standard of service. Beneficiaries should have the right to choose their physician among the general practitioners working

for the service, subject to reasonable conditions, and should be able to have their complaints about the service heard and redressed. Finally, the recommendation proposes close coordination between the medical care service and the general health services which exist in order to safeguard the health of the whole community.



DENTAL OFFICE IN LIBERATED FRANCE

GERMAN DENTAL equipment left behind by fleeing Nazis is put to good use by Captain Alex Grower, American dental officer in France. In addition to ample supplies, the booty included the tables, motor attached to foot engine, clock, Red Cross flag, and the white gowns seen in the picture. Personnel from left to right: Sergeant Walter Haar, New Orleans; Captain Grower, Middletown, Connecticut; Michel Le Blanc, French assistant; Private William Steen, Grinnell, Iowa; and Corporal Clarence Barr, Bristol, Tennessee.

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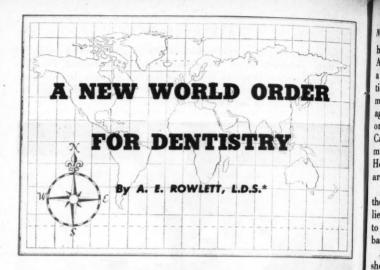
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Dentists of all nations must join in the work of reconstruction when the war ends.

IN THE NEW social order of the world, dentistry will be called upon to make its appropriate contribution to promoting the health of the community. In order to do this effectively, plans must be laid down; we must do the right thing in the right place. Although a unanimous agreement may exist upon the principles, divergence of opinion is to be expected upon the ways and means by which theory is to be converted into practice.

I wish to be clearly understood that the remarks and suggestions which follow as to these ways and means are to be taken merely as an expression of personal opinion and in no way representing an official view of any association or committee with which I am connected either directly or indirectly. They are to be looked upon as the ideas of a democratic citizen with a dental experience of fifty years, during twenty years of which he was associated closely with international dentistry.

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Dentistry In Reconstruction

In reconstruction after the war all health service will be of the nature of a first-aid service. The field units of the fighting forces afford a useful example of combined effort by dentistry and medicine, especially the complete

^{*}President, Commission d' Hygiène, Fédération Dentaire Internationale.

hospital units sent out by the American universities which are a wonderful example of organization and equipment. This statement does not imply any disparagement of the corresponding organization of Great Britain or Canada, but it is generally admitted that American University Hospital Units in the Field Service are outstanding achievements.

So far as dentistry is concerned, the main purpose will be to relieve pain, to eliminate sepsis, and to instill, as far as possible, the basic principles of oral hygiene.

A casualty clearing station should be set up preparatory to conservation and restoration. The primary equipment would be simple and extremely portable, containing only essentials for the simplest and most rapid opera-

tions, principally for children. For example, there should be an abundance of local anesthetics, hypodermic syringes, sterilizers, carefully selected forceps, a few excavators and chisels, zinc oxide and permanent gutta percha for "fillings," and a modest but adequate supply of drugs. Other equipment could be added as seemed desirable and dental centers or ambulances would have full equipment.

The mouths of many of the people must be in a most serious condition and a large amount of useful and humanitarian service

The mouths of many of the people must be in a serious condition. The photo shows an Italian family eating food furnished by the Allied Military Government . . . their first food in three days.



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could be performed with equipment that could be carried easily in a small handbag.

These suggestions are put forward after discussions I have had with Lieutenant Colonel William Ryder of the University of California Hospital Unit, U. S. Army, who is also on the staff of the Dental College of that University.

The dental personnel of these First-Aid Units should be selected by the national dental associations of our countries and the appropriate educational, military, and government authorities.

The adoption of the principle of a comprehensive dental service makes the problem of dental manpower an acute one and the suggestion that seems to merit consideration is as follows:

There are in Great Britain and in the United States considerable numbers of refugee dentists and physicians. Let them be registered, organized, and given training so that they may be ready, together with their British and American colleagues, to enter Europe as a Medical and Dental First-Aid Service as soon as the fighting ceases. It is reasonable to expect that our refugee colleagues would gladly embrace this opportunity of showing their gratitude.

Little information is available as to the circumstances of dentists themselves in occupied countries, but their cooperation in this firstaid service should be sought and encouraged. One of the first duties of this organizing service would be to get in touch with the national dental organization of the country where such an association exists, to enlist their cooperation and help. As soon as it is practical the dental service should be put under the control of the responsible national dental body of the country in question.

International Dentistry

International dentistry before the war was in the hands of the Fédération Dentaire Internationale, generally known as the F.D.I. It was founded in Paris at the third International Dental Congress in 1900 by Doctor Godon, the President of the Congress, in conjunction with a number of eminent dental colleagues from all countries who were present. The official description of the F.D.I. is as follows:

"It is a permanent representative of the dental professions of the world; that is, a League of National Dental Societies of different countries. Its purpose is to act in all matters of interest to the dental profession, and to serve as a permanent link of relation and union between the dental practitioners of all nations. It is directed by a Council composed of delegates from different countries who meet every year with various Commissions or Committees appointed to deal with special subjects and to prepare the celebrations of the International Dental Congresses, which shall be held at intervals of five years."

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The most active of these committees were the Oral Hygiene, Scientific, and the Legislative Commissions.

In the F.D.I. Bulletin of 1938 the names of forty-six nations were scheduled as adherents of the Fédération. As a matter of convenience the majority of the officers of the Fédération were Europeans, and all meetings of the Fédération and the Commissions were held in Europe. Despite the long ocean voyage between the two continents, America was an active partner in the Fédération; three of the nine International Dental Congresses were held in America with American dentists as presidents, and during twelve out of its thirty-six years of Fédération activity Americans occupied the presidential chair.

The Commission of Oral Hygiene of the Fédération Dentaire Internationale is affiliated with the Red Cross of Geneva and is technically in existence, although largely inoperative during the war. It would seem peculiarly fitted to establish connections with local dentists in the countries which have been occupied, since its membership is so widespread. How far the Fédération can be revived in its old form after this war is uncertain. There is, however, not the slightest intention of letting it be dissolved.

The devastation and disruption of Europe are far greater than during the last war; mass deportation and mass murder, together with the immense devastation caused by modern engines of war, will make reconstitution of international societies a matter of time and patience. The old Europe of 1939 has gone never to return.

The F.D.I. has been conducted in harmony with the world conditions and ideals of 1919. It was founded on sound principles, otherwise it could not have lasted for forty years and withstood the impact of a world war. It was shaken but not destroyed by the rise of the totalitarian states, and in August, 1939 a most successful annual meeting was held at Zurich in which Germans and Italians took an active part.

This enduring and happy relationship between men of different nations and different religions, and not only different but diametrically opposed political ideologies was a remarkable phenomenon and can teach us valuable lessons about the method by which successful international collaboration after the war can be promoted.

Let there be no doubt about it, the F.D.I. was a unique society, and the secret of its success lies in one word, "confidence." This singular achievement was made possible because personal contact between national representatives, all working for international scientific solidarity, bred personal friendships and engendered mutual confidence.

Before the war, the Bureau of the F.D.I. recognized that the old

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F.D.I. was outmoded and that it must move with the times and, when war broke out, all arrangements were completed for the launching of a new International Dental Journal.

Some form of international dentistry for the entire world is, I believe, a practical aspiration and a legitimate aim, though, of necessity, a long-term policy. As soon as the all-clear is sounded in Europe, and communication becomes possible, we shall get in touch with our international colleagues and arrange an official meeting. The all-important requisite to every form of international endeavor is mutual confidence between national representatives, and the presence of this factor in the F.D.I. marks it as the foundation upon which a future international dental confederation should be built.

Many of the European countries were woefully backward in dentistry even in peacetime and teachers and clinicians from abroad will be necessary until more people can be trained. The United States is the only country that could find these much-needed teachers and clinicians, and sending them to Europe would be a great service in line with the American tradition.

I am fully aware of the defects and omissions in the presentation of this important subject. Wartime austerities and conditions have made communication with many colleagues, with whom I would normally have consulted, an impossibility, and even with my British colleagues, difficult. I have, therefore, confined myself to broad outlines and tentative suggestions in the hope that they may stimulate interest and action.

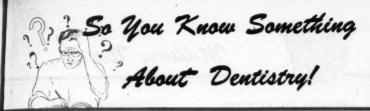
238 London Road Leicester, England

U. S. SENATE PAYS TRIBUTE TO HORACE WELLS

THE SENATE of the United States has passed a resolution, introduced by Senator Francis Maloney of Connecticut, in honor of the Horace Wells Centenary to be celebrated December 11 of this year. The resolution was adopted from the calendar without discussion on a favorable report by Senator Alben W. Barkley for the Senate Library Committee.

The measure provided that "in commemoration of the life and achievements of Doctor Horace Wells, the Congress hereby pays tribute to him and to his deeds of service to humanity." In conclusion it read:

"The centenary of the first steps in the development of present-day methods of anesthesia—by the man who not only had the distinction to conceive a successful fundamental procedure but also the courage and unselfishness first to subject himself to all of its possible dangers—will soon be celebrated to express the abiding gratitude of mankind for the priceless blessing that Doctor Wells' endeavors initiated."



Quiz II

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1. How much saliva is secreted into the mouth of the average adult in 24 hours? 2. What is a pulpotomy?..... 3. Would you send a patient with complete anodontia to an exodontist, endodontist, or prosthodontist?..... 4. Does a tooth used as a bridge abutment have a wider periodontal membrane than an embedded tooth?.... 5. Which of the following names is not associated with mechanical separators: (a) Perry. (b) Ivory. (c) Gillette, (d) Elliott?..... 6. Where is the carotid sinus?.... 7. The crushing strength of silicate cements is approximately, (a) one half, (b) one fourth, (c) one eighth, that of a high grade silver amalgam .. 8. At what age do the maxillary laterals erupt?..... 9. Can teeth erupt, and then start to "submerge?"..... 10. What is one endemic dental disorder?.....

FOR CORRECT ANSWERS SEE PAGE 1852.



Military News

Benefits for Veterans:

A booklet published by the Retraining and Reemployment Administration, Office of War Mobilization, Washington, D. C., gives a quick picture of the rights and benefits that are available to veterans of World War II and their dependents.

Insurance benefits, both government and private, are discussed in the section *Veterans' Benefits*, excerpts of which follow:

The National Service Life Insurance will be one of the most valuable assets after discharge from the Service. If it is allowed to lapse, it will not be possible to buy similar protection for the same cost. To keep it in force two things must be done:

1. Pay the premiums by check or money order, made payable to the Treasurer of the United States, and mail to the Collections Sub-division, Veterans' Administration, Washington 25, D. C. Premiums may be paid monthly, quarterly, semi-annually, or annually.

2. The insurance was issued originally on what is called the Five-Year-Level-Premium-Term plan. Any time after it has been in force a year, and before the five are up, it may be converted into ordinary life, 20-payment life, or 30-payment life. The new policy will have regular cash values after the first year from which the insured can borrow if necessary.

If a veteran had private life insurance when he went into the Service, the government will protect this for him by guaranteeing the premiums. If this is done the payments must be brought up to date, with interest, within two years after the veteran's discharge. Insurance companies or the Veterans' Administration will answer any questions. Not resi

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Medical and Dental Service:

It is also pointed out in this booklet that medical service or dental care not requiring hospitalization will be provided by the Veterans' Administration if the condition was caused, or aggravated, in line of duty. Medicine, appliances, removable and fixed bridges, will be among the services available to veterans.

Promotions Not a Right:

Temporary promotions in the Navy, Marine Corps, and Coast Guard, are to meet needs of those Services and are not given to any officer as a right, according to Secretary of the Navy James V. Forrestal. In a letter to the House Naval Affairs Committee he wrote that the Navy Department did not desire enactment of a bill, H. R. 5112, which would provide that any officer who fails to qualify for promotion to a higher grade solely because of personal injury or disease suffered in line of duty should, if later found qualified for promotion, receive pay of the higher grade from the date it was officially determined that he first failed to qualify for advancement.

Temporary promotions, said Mr. For-

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restal, in a statement published in the Army and Navy Journal, are "not in pursuance of any right on the part of the officer to advancement, but rather in pursuance of the need of his services in the higher grade. Manifestly he cannot meet that need unless and until he is actually capable of performing the duties of the higher grade. That his disqualification may be of temporary duration and due to a physical ailment suffered in line of duty does not alter this fact."

Relief From Active Duty:

Plans have been made to release several hundred dental officers from active

duty. Specifications for such releases have been laid down in a letter of September 29 from the Adjutant General's Office. These officers will be selected for relief from duty in accordance with the following priority. Those who are:

a. physically incapable of a full day's duty;

b. require special considerations as to climate, diet, and type of service; c. may be relieved from active duty under current War Department policies:

d. may be released with the least detriment to the Service.

There are no directives at the present time which permit a dental officer to initiate a request for relief from active duty.

BACK TO THE STEVENS!

It is announced that the eighty-first Midwinter Meeting of the Chicago Dental Society will be held at the Stevens Hotel, February 12 to 15, 1945.

THE COVER

This month's cover, carrying a full-color illustration of a New York City scene, is dedicated to the Greater New York Dental Meeting to be held next month, December 4-8.

PRIZE AWARD

The \$100 Oral Hygiene award for November goes to A. E. Rowlett, L.D.S., of Leicester, England, for his forward-looking presentation on international dentistry.



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By ROSA HUGER

Administrative independence wins approval of 97.48 per cent of dentists participating in poll.

DENTISTS OF the United States whether in military or civilian practice are overwhelmingly in favor of administrative independence for the Dental Corps of the Army and Navy instead of having them remain as part of the Medical Departments of the Army and Navy as at present.

In the fourth in the series of quarterly dental opinion polls conducted by ORAL HYGIENE and sponsored by The Medill School of Journalism, Northwestern University, 3,730 ballots were returned, representing a cross section of dentists in forty-eight states, the District of Columbia, and Hawaii. The questions raised in this poll brought the largest response of any of the polls yet tabulated.

Out of the total of 3,730 ballots returned, 840 or 22.52 per cent of the total cast were from dentists in military service; 73.97 per cent were sent by civilian dentists; 3.51 per cent did not specify whether they were in military service or were civilian dentists.

To the question, "Do you favor administrative independence for the Dental Corps of the Army and Navy?" the returns revealed that 97.48 per cent of the total 3,730 dentists voting favor administrative independence for the Dental Corps of the Army and Navy, leaving only 2.52 per cent opposing autonomy for the Dental Corps.

The next question asked was: "How should administrative independence of the Dental Corps be obtained?" Of the total 3,636 votes favoring administrative independence, 83.17 per cent believe this result can be achieved only by Congressional action; 13.32 per cent want Dental Corps independence obtained by changes in the

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Army and Navy Regulations and 3.51 per cent expressed no preference for either method.

Of the total 94 votes of those who disapproved administrative independence on the first question, 59.57 per cent are opposed to any sort of a change from the present status; 11.70 per cent of this group suggested changes in Army and Navy Regulations, and 28.73 per cent desired Congressional action.

Dentists approved Congressional action as the better method because it was held to be the most logical. While it was admitted that this method represented a slower procedure, it was the belief that the Dental Corps would be more certain of independence if it were obtained through Congressional action.

The sentiment most often expressed by those who favored changes in the Army and Navy Regulations was that it was faster, more efficient, and would not involve political pressure.

The next question as to whether the Dental Corps should be part of the Medical Departments of the Army and Navy or a separate corps gave a 90.10 per cent affirmative vote of both civilian and military dentists favoring the separate Dental Corps. Only 9.90 per cent wished the Dental Corps to remain a part of the Army and Navy Medical Departments.

Dentists who favored administrative independence in replying to question number one voted strongly in favor of the separate corps while those who voted against administrative independence wanted the Dental Corps a part of the Medical Departments as under the present arrangement.

Of the tetal vote of those who favored administrative independence on the first question, 92.82 per cent desired a separate corps independent from the Medical Departments and responsible directly to the General Staff of the Army and to the Bureau of Naval Personnel, and 7.18 per cent favored administrative independence but wanted the Dental Corps to be a part of the Medical Departments.

From the total vote of those who opposed administrative independence on the first question, 85.11 per cent of these dentists want the Dental Corps to remain a part of the Medical Departments of the Army and Navy and under the supervision of the Surgeons General as under the present arrangement. Only 14.89 per cent of these dentists voted for a separate corps.

Typical comments favoring the Dental Corps as a part of the Medical Departments were that the present arrangement worked well and could stay as it was, and that there was more cooperation together than apart. Too, many stated, that as dentistry was a part of medicine, the work should be under the jurisdiction of the Surgeons General.

The large number who insist on a separate corps urge that this is the only real way to gain complete independence and have full supervision and complete charge of operations. Many said the present arrangement was not as fair as it might be. Almost all voting for the separate corps wanted it entirely apart from the medical departments but expressed a desire that the two departments work in cooperation at all times.

As to whether or not the American Dental Association should engage in an active campaign to secure legislation that will give administrative independence to the Dental Corps of the Army and Navy, 98,02 per cent of the total

who wanted administrative independence voted that the American Dental Association should campaign actively and immediately, while only 1.98 per cent indicated the American Dental Association should not campaign.

Of the total 94 dentists who disagreed that the Dental Corps should have administrative independence, 89.36 per cent completely oppose American Dental Association participation and 10.64 per cent said that they should actively campaign for legislation.

ORAL HYGIENE POLL THE DENTAL CORPS

Fourth Quarterly Dental Opinion Poll

TOTAL VOTE CAST: 3,730

 Do you favor administrative independence for the Dental Corps of the Army and Navy?

a.		All dentists		replying
		to poll		2011
	b.	Dentists	in	Military

- Service c. Dentists in civilian
- d. Dentists whose status is not indicated

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7.48%	2.52%
8.09%	1.91%

No

7.43%	2,57%
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Yes to b. Those

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2. How should administrative independence of the Dental Corps be obtained?

	THE ARMY AND NAVY REGULATIONS	CONGRESSIONAL ACTION	NO VOTE
Those who answered Yes to question one	13.32%	83.17%	3.51%
Those who answered No to question one	11.70%	28.73%	59.57%

3. Should the Dental Corps

PART OF THE MEDICAL **DEPARTMENTS OF THE** ARMY AND NAVY AND UNDER THE SUPERVISION OF THE SURGEONS GENERAL AS AT PRESENT?

SEPARATE CORPS INDEPENDENT FROM THE MEDICAL DEPARTMENTS AND RESPONSIBLE DIRECTLY TO THE GENERAL STAFF OF THE ARMY AND TO THE BUREAU OF **NAVAL PERSONNEL?**

a. All dentists replying to poll

b. Those who answered Yes to question one

c. Those who answered No to question one

90.10% 9.90%

92.82% 7.18%

14.89% 85,1196

4. Should the American Dental Association engage in an active campaign to secure legislation that will give administrative independence to the Dental Corps of the Army and Navy?

a. Those who answered Yes to question one

b. Those who answered No to question one

YES

NO

98.02%

10.64%

89.36%

Poll

"NEITHER SHALL THERE BE

ANY MORE

PAIN''

By EDWARD J. RYAN, D.D.S.

The Horace Wells Centenary Address given before Wisconsin State Dental Society.

It was on a winter day in 1844 that man was loosed from the tether of surgical pain. His emancipator was a dentist, Horace Wells. Across the expanse of time, man had been heartened by the promise of the Prophets who had written: "Neither shall there be any more pain." In faith and with hope through the centuries, mankind waited for the promise to come to pass.

On many occasions the beneficent discovery was near to being made. Six hundred years before December of 1844, alchemists had discovered the "sweet vitriol" of ether, but two centuries passed before the analgesic powers of ether were recognized. Still the faith and the hope of mankind were not fulfilled. Human suffering continued under the surgeon's crude tools. With dread man contemplated and underwent the surgeon's butchery. Death was man's escape. So far no one had put to work the knowledge of the chemists to let a deep sleep



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HORACE WELLS

fall upon the sufferer while the surgeon worked.

In the year of the Declaration of Independence, Joseph Priestley, a sometime minister of the Gospel, discovered the invisible world of gases. During his experiments, Priestley poured nitric acid over dampened iron filings and produced nitrous oxide. But no one, not even Priestley, was ready to suggest that invisible gases had the power to relieve man from surgical pain.

Nineteen years passed. In 1795, an inquisitive lad of seventeen, a surgeon's apprentice, defying the warnings of chemists and physicians, inhaled the gas, nitrous oxide. He was not made ill; on the

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contrary, the gas produced a feeling of exhilaration and warm wellbeing. But let Humphry Davy recite his own experience: "The power of the immediate operation of the gas in removing intense physical pain, I had a very good opportunity of ascertaining . . . In cutting the unlucky teeth called dentes sapientiae, I experienced an extensive inflammation of the gums, accompanied with great pain . . . On the day when the inflammation was most troublesome, I breathed three large doses of nitrous oxide. The pain always diminished after the first three or four inspirations; the thrilling came on as usual . . ."

In his older life Humphry Davy, the son of a woodcarver, was knighted by an English king. He made valuable contributions to the science of chemistry. He came close to making the epochal discovery of surgical anesthesia when he wrote: "As nitrous oxide, in its intensive operation, appears capable of destroying physical pain, it may be used with advantage during surgical operations in which no great effusion of blood takes place." Humphry Davy approached the great discovery that would fulfill the promise. But he faltered and turned away. He offered the suggestion, but made no effort to apply his theory of chemical insensibility to human suffering. From the day in 1795 when the youthful Davy produced nitrous oxide and inhaled the gas to relieve the torment of an erupting wisdom tooth, no application of this gas was made to produce anesthesia until the winter of 1844.

Faraday Experiments

In the line of succession from Joseph Priestley through Sir Humphry Davy, we come to the name of another chemist: Michael Faraday. This youth of humble genesis was a drudge and a general handy man to Davy. Faraday helped Davy with his scientific experiments. In 1818 he wrote: "When the vapour of ether is mixed with common air and inhaled, it produces effects very similar to those occasioned by nitrous oxide. By the incautious breathing of ether vapour, a man was thrown into a lethargic condition which, with a few interruptions, lasted for thirty hours." Faraday thus suggested that ether. the "sweet vitriol" of the alchemists, possessed the power to produce deep sleep. He did not suggest that the vapor might be used to relieve the pains of surgery, nor did anyone in the world of medicine and surgery take heed.

A young physician of Ludlow in Shropshire, Henry Hill Hickman, had heard of the experiments of Priestley, Davy, and Faraday. In 1824, using nitrous oxide, he performed experiments on dogs, chickens, and mice. He put these subjects to sleep and amputated their ears, tails, and legs. He promptly reported his animal experiments before the Medical Society of London. He suggested that nitrous oxide might be used to induce surgical sleep in suffering human

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beings. Hickman was ridiculed and ostracized, called a fool and a dreamer. Hickman directed an appeal to Charles the Tenth, King of France, for a hearing before the Royal Academy of Medicine. The eminent Academicians met. Again Hickman heard the bitter laughter of ridicule, and again the name of "fool" was hurled at him. The world heard no more from Henry Hickman. He died sorrowfully and in disappointment in his twenty-ninth year, before he could apply his theory to human sufferers.

In the United States in the 1800's, itinerant lecturers demonstrated the hilarious effects of "laughing gas," and chemists supplied ether to ebullient young people who liked to indulge in ether frolics. The vapors were inhaled to produce exhilarating effects, not unlike those induced by alcoholic spirits. It was a new vogue in entertainment which came to the United States in the early 1840's.

"Ether Parties"

In the village of Jefferson in Georgia, a youthful physician was aware of the "ether parties" and "frolics." He had observed the strange effects induced by inhaling ether. In late March, 1842, a patient came to Doctor Crawford W. Long for the removal of a tumor of the neck. Doctor Long, like many other physicians of his day, often used whisky to dull the senses under the surgeon's knife. People under the influence of ether reacted somewhat as they did to

whisky. Why not try ether on The patient James Venable? agreed. He inhaled the vapors of ether, the "sweet vitriol," and sleep came upon him. Doctor Long excised the growth. And the patient came out of his deep sleep, remembering no pain. It was a miracle! But miracles must be proclaimed, The powers of the healer are not to be hidden. A responsibility is given to those who are ordained to heal by the promise of Saint Mark: "They shall lay hands on the sick, and they shall recover." The responsibility is to proclaim widely for every man to hear, to benefit, and to be restored. But Doctor Long did not proclaim, did not let the world know of the miracle of James Venable. In the four vears after March 30,1842, he used ether only four times. It was more than seven years before he published a paper on his experiences in the December, 1849 issue of the Southern Medical and Surgical Journal. During these lean seven years, there is no evidence to suggest that Crawford Long discussed his discovery with his colleagues; that he continued experiments on anesthesia: that he meditated on the subject; nor that he realized the significance of his experience.

Approaches Fame

In 1852, ten years after the operation on James Venable, Crawford Long wrote poignantly: "I know that I deferred the publication too long to receive any honor from the priority of the discovery

... "No one may deny that Crawford Long was the first to use ether as an anesthetic, but his empirical use of this chemical agent does not constitute a discovery. Mere use does not prove discovery. On this point, C. A. H. Smith writes in the Scientific Monthly: "The materials for all discoveries that have blessed mankind have stood ready at hand since the beginning of time, but only those who are able to recognize and put the unknown to use should have credit as discoverers." The case of Crawford Long, who approached so near to fame, is best described by the eminent physician of Johns Hopkins University, William H. Welch: "We cannot assign to him (Long) any influence upon the historical development of our knowledge of surgical anesthesia or any share in its introduction to the world at large."

Hundredth Year

This year, 1944, is the hundredth year of the recognition and the deliberate application of anesthesia to prevent surgical pain. The events of the night of December 10, 1844 and of the day of December 11 may be reported thus:

For Horace Wells, the twentysix-year-old dentist, the winter's day of work is over. He walks briskly from his office at Main and Asylum Streets in Hartford, Connecticut, to his pleasant home on Lord's Hill. The air is crisp, the evening is clear. All this day of December 10, his thoughts have not been attentive to the affairs of his dental practice. That day he had read an advertisement in the Hartford Courant which announced:

"A grand exhibition of the effects produced by inhaling NIT-ROUS OXIDE, EXHILARATING OR LAUGHING GAS! will be given at Union Hall this (Tuesday) evening, December 10, 1844.

"TWELVE YOUNG MEN have volunteered to inhale the gas to commence the entertainment.

"EIGHT STRONG MEN are engaged to occupy the front seats to protect those under the influence of the gas from injuring themselves or others.

"N. B. The gas will be administered only to gentlemen of the first respectability. The object is to make the entertainment in every respect a genteel affair."

The announcement has set the receptive imagination of Horace Wells to work. As he walks homeward, he cannot get the idea out of his mind that this gas may have some use in dental practice to relieve the agonies of tooth extraction. He is hazily familiar with what Priestley and Davy had written. Tonight he will watch this exhibition as something different from a "genteel affair" of entertainment.

He greets his wife, Elizabeth, and his little son of five, perfunctorily and with grave preoccupation. The supper of this Tuesday evening, he touches hardly at all. He tells Elizabeth of the demon-

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stration to be given in Union Hall, and asks her to accompany him.

Long before the hour when the meeting is to begin, Wells and his wife are on the hard oak benches in Union Hall. Shortly after 7:30, the lecturer, Gardner Q. Colton, takes the platform, Colton is an experienced public speaker. With an easy grace and style he describes the chemistry of nitrous oxide. But this is not what the people of Hartford have come to hear. They are here to see the exhilarating effects of the gas on their friends and neighbors: the "gentlemen of the first respectability."

Colton produces a black silk bag filled with the gas. He asks for the first of twelve volunteer subjects from the audience. A drug clerk, Samuel A. Cooley, is the first to respond. He mounts the platform. He is uneasy before the self-possessed Colton. The itinerant chemist hands Cooley the bag of nitrous oxide instructing him to take deep breaths. Cooley does as he is directed. Suddenly a violent change comes over him. He begins to shout and to wave his arms. He runs from the platform in chase of some imagined foe. He bangs his shins against the hard wooden benches but continues uninterrupted and without hesitation in pursuit of his fancied enemy. He shouts and laughs, and calls down maledictions. Abrupt ly he stops and looks about with a vacant, unoriented stare. The audience laughs with noisy hilarity-all except Wells. Cooley, with

a wide silly grin on his broad face, limps to his seat.

Colton calls for his next volunteer. The drug clerk takes the vacant seat beside Wells. The other subjects of the exhibition are amusing the audience with their antics. But Wells has no thought for anything except Cooley's injured leg.

"Didn't you feel anything when you bumped your shin against the bench?" asks Wells.

"Not a thing," answers Cooley as he pulls up his trouser to look at the ugly, bleeding bump on his shin.

Wells plies him with other intense questions. Cooley insists that he felt no pain and that he recalls nothing from the time that he inhaled the gas until he recovered his senses standing there in the hall amidst the laughter of the audience.

The exhibition is over. The audience, in high humor, moves out of the hall, still laughing over the comic behavior of their townsmen. Wells is detached in thought and with mind far away. He waits until the audience leaves the hall and approaches Colton, who is alone on the platform, busy packing his apparatus. Wells introduces himself and comes abruptly to the point. He asks Colton for the loan of a bag of gas. The chemist shows some consternation. The dentist says that one of his own teeth is giving trouble and that he wishes to take nitrous oxide for the extraction. Colton. with a shadow of

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reluctance, agrees to supply the gas and to come to Wells' dental office the next morning. He does not mask his skepticism.

The dark, crisp winter night carries a hint of snow in the air. Wells and his wife walk toward their home on the hill. Elizabeth is displeased with the night of entertainment that was offered in Union Hall. She upbraids Wells for taking her from the warm hearthside to attend such an absurd exhibition. Wells is in no mood for cantankerous women when he replies:

"If you could only realize what this evening may mean for me, you would not snap my head off in that way. Now that I have seen the wounded shin and heard from Cooley that he did not feel any pain, I know that if anyone were to inhale enough gas I could extract a tooth without his feeling it." Elizabeth is not placated.

Snow falls during the night and is two inches deep in the Hartford streets on the memorable morning of December 11, 1844—on the day that the wracked bodies of mankind are to be freed from the shackles of surgical pain.

No one now living, a hundred years afterward, should attempt to describe the drama that occurred in the dental office of Horace Wells on that December morning. The power of simple eloquence was given to another dentist, John M. Riggs, who tells his moving story:

"Wells took his seat in the operating chair. I examined the tooth so as to be ready to operate without delay. Wells took the bag in his lap, held the tube in his mouth, and inhaled till insensibility relaxed the muscles of his arms. His hands fell on his breast. His head dropped on the headrest. I instantly forced the forceps into the mouth, onto the tooth—and extracted it.

"Mr. Colton, Cooley, and two others stood by the open door ready to run out if Wells jumped up from the chair and made any hostile demonstrations. You may ask, 'Why did he not get up?' Simply because he could not. Our agreement was to push the administration to a point hitherto unknown. We knew not whether death or success confronted us. It was a terra incognita we were bound to explore. The result is known to the world. No one but Wells and myself knew to what point the inhalation was to be carried. The result was painfully problematical to us. But the great law of Nature, hitherto unknown, was kind to us and a great discovery was born into the world.

"... do not understand me as claiming joint discovery with Doctor Wells. The great idea or inspiration was his. That we elaborated it together is honor enough for me."

And so it came to pass that the prophecy of Revelation was fulfilled, and that the Servant of the Lord was the dentist, Horace Wells.

708 Church Street Evanston, Illinois



Dentists in the News

Kansas City (Missouri) Times: For exceptional bravery on D-day, Captain Howard Dukes, Kansas City, Kansas, a dental officer with the Army in France, has received the Silver Star. His wife, who lives at 205 Brush Creek, has been notified and received a copy of the citation which reads in part:

"Captain Dukes was assigned to duty on an LCI landing craft, which received a direct hit from enemy fire. He at once set about the care of a number of severely wounded casualties. As the landing craft was beaching it hit an underwater mine which tore a hole in the craft. Captain Dukes continued his care of the casualties, working for more than twelve hours without stopping. He organized the only evacuation party in that sector, and remained at his work until the last casualty at that aid station and in its vicinity had been cared for and evacuated."

Nashville (Tennessee) Banner: More than 300 shoulder patch insignia have been collected by Doctor M. S. Howard, Lebanon dentist. The idea for his unusual and colorful collection came to Doctor Howard while the Second Army was on maneuvers in Tennessee, Since this beginning his friends in foreign Service have sent him a Japanese-American combat battalion patch, the now obsolete Kiska-Attu insigne, Alaskan and English force patches, the Air Command Iceland-Green-Transport land theater, and the China-Burma-India, Iran, Australia, and Africa patch He also has the shoulder patch of ad Army Corps, each Army Division, at the majority of Marine Units, inching the Guadalcanal First and Second t

Los Angeles (California) Tribus Record: Vegetables raised in his ill square-foot Victory Garden at IM Carmona Avenue, won for Doctor F. Gifford Moore thirty-three ribbons at a Victory Garden show in Los Angels For a special basket of forty varieties of vegetables, he also won the swep stakes—a \$100 war bond.



Doctor Moore, a retired dentist, is particularly enthusiastic over his Burbank tomatoes; tampala, a new vege table resembling spinach; scarlet runner beans; and coreless carrots.

Nashville (Tennessee) Banners At 62, Doctor Ben H. Johnson, a dentist of 2420 Vanderbilt Place, has taken up flying. He has been making solo flights for the last three months.

When his friends expressed astonishment at his undertaking anything as perilous as piloting a plane, Doctor Johnson explained that he had already made a parachute jump back in 1902. That was the year he entered Vanderbilt University. In nearby Glendale Park a "Professor" Macks staged regular balloon ascensions. A man named Charlie Joy took the balloon up and then came down by parachute. One day when Charlie Joy had fallen into a tree

Columbus (Ohio) Citizen: The courts are moving cautiously to determine whether or not Doctor J. C.





and was injured, Johnson persuaded the "Professor" to let him make the jump, which he did successfully.

Doctor Johnson spends much of his leisure time when he is not flying, in playing softball, bowling, golf, or tumbling. In 39 years of practicing dentistry he reports that he has missed only two days from his office on account of ill health. Watts, a Columbus dentist, is right in refusing to pay a nickel to the city treasury. When the case was brought before Judge Fred A. Miller, he said he would take it under advisement to see if Doctor Watts was justified in not dropping five cents into a parking meter.

Doctor Watts, who lives at 630 Town Street, refused to pay for parking space on Saturday afternoon. His attorney maintained that Saturday afternoon is a legal holiday and that the city is not entitled to exact parking fees on holidays.

(Continued on page 1852)

CAN YOU USE A DOLLAR?

To every reader who contributes a newsworthy item, something unusual about a dentist, which is published in Dentists in the News, we will send promptly a crisp, new one dollar bill. Every clipping must be taken from a newspaper and carry the name of the publication and the date line. Clippings submitted cannot be returned. When more than one copy of a clipping is submitted, the first one received will be used. Send all items to Dentists in the News, ORAL HYGIENE, 708 Church Street, Evanston, Illinois.

Awards this month for the best items contributed for Dentists in the News were sent to:

H. C. McKittrick, D.D.S., Plainville, Indiana.

Mrs. J. W. WARD, Franklin, Tennessee.

MICHAELE SCHALLER, 1741 Carmona Avenue, Los Angeles 35, California.

MISS ELIZABETH WALKER, P.O. Box 1056, Nashville, Tennessee.

RALPH W. EDWARDS, D.D.S., 300 West 47th Street, Kansas City, Missouri. PRIVATE LOUIS BAKER, 173rd General Hospital, Camp Barkeley, Texas.

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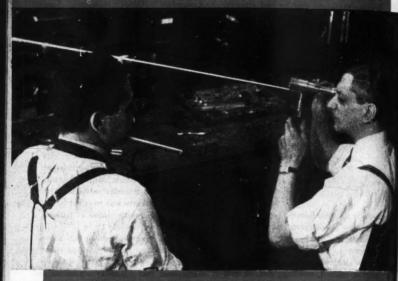
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FROM DENTAL INSTRUMENTS



TO MACHINIST'S TOOLS

By MYRON WEISS*

Out of the wartime needs of his country Doctor David L. Weiss, a New York dentist, has fashioned an important new career as maker of precision instruments for the inspection of war machinery. Government officials credit him with the saving of thousands of manhours in busy war plants. Urgent demand for his mechanical skill

Doctor David L. Weiss (right) and shop assistant. Note dental mirror at distal end of "inspectoscope." The mirror tilts; the light bulb is at the distal end of the tube; and the telescope brings mirror image close to observer.

has forced Doctor Weiss to turn from dentistry and give all his time to the making of precision inspection tools for the use of large manufacturing concerns.

For twenty years Doctor Weiss had a tidy practice in oral surgery and general dentistry. In youth he had wanted to be a mechanical engineer. But his family insisted that he study, if not medicine,

^{*}Mr. Weiss, New York consultant editor, is an authority on health, scientific, and industrial news. He was long associate editor of *Time*. He is not related to Doctor Weiss.

then dentistry. For the sake of working with his hands, in his own laboratory, he chose dentistry. He was graduated from Columbia in 1922. His family set him up in practice. And he at once began tinkering with gadgets and knick-knacks. He called this his hobby. It became his obsession.

Rods of lucite came on the market. Like rods of quartz, they transmit a beam of light from a source at one end onto an object at the other end. They carry this channeled light around bends. This seemed to be an ideal material for some dental instruments. Doctor Weiss began to experiment daily. He produced, for example, a selfilluminated mouth mirror whose light was cold and, therefore, comfortable in the patient's mouth. He wanted a stronger light. No stronger ones existed in the tiny size he needed. He made his own bulbs. This required that he perfect a vacuum pump which would empty the tiny bulbs of all gas. He accomplished that. Now he makes what he calls "lilliput" incandescent light bulbs as small as one twelfth of an inch in diameter. This is only a trifle larger than the capital letters of this text. One of his lilliput bulbs would fit into a drop of water. With this fleck of glass and metal he can throw a spot of light 250 candle power strong wherever a machine inspector needs it.

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Word got around among New

York physicians that there was an amiable dentist named who was a genius at making illuminating gimmicks. A throat specialist had Doctor Weiss make him a laryngoscope. An otologist got a self-lighting ear speculum from him. A gynecologist obtained a duck-billed speculum; a proctologist, a proctoscope. He made retractors which held open the lips of an incision and at the same time threw bright light into the interior during an operation. Wherever there was an accessible body cavity, Doctor Weiss could light it up.

Where the examining physician could look directly into an opening a rod of lucite could deliver adequate illumination. But there are places that the physician can see only indirectly. Here reflection from a mirror, as every dentist knows, helps. For remote cavity inspection Doctor Weiss rigged dental mirrors as small as one-fourth inch in diameter to thin tubes which contained lilliput light bulbs, lenses, and prisms.

Almost by accident and definitely by hobby, he thus devised a large variety of endoscopes.

Doctor Weiss continued to practice dentistry, and to earn his living thereby. He was obliged to. His wife, a sincere young woman. enjoyed his machine-shop hobby almost as much as he did. But there was also the question of their baby Nancy needing not only a new pair of shoes, but a bigger set of tools with which to play.

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Nancy, now six, is handy with calipers and clamps, pliers and pinions.

The war loomed; manufacturers boomed. Another idea came to Doctor Weiss:

Why not use his endoscopes to inspect new machinery?

He made some, quickly sold them to manufacturers. Regular orders started coming in. He became a busy manufacturer himself. Besides that, he was a busy dentist.

The war broke. Doctor Weiss was a veteran of the last war. Now he was 44. So what could he do for this new war effort?

Consults Navy

With a packet of endoscopes he went to Washington, presented himself and his story at the Navy Building on Constitution Avenue. He was given an immediate hearing, and told to manufacture as many scopes as he possibly could—because the endoscopes so useful in medicine were plainly a long-sought inspection tool for industry.

Back in New York Doctor Weiss sent his patients to colleagues, and secluded himself in his workshop to turn out "inspectoscopes."

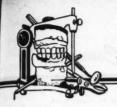
A couple of days later a Navy inspector arrived to examine Doctor Weiss' manufacturing capacity. The "factory" was a cluttered side room of his dental office. The inspector was dumfounded. But the eager dentist - manufacturer demonstrated that he could turn

out dozens of "inspectoscopes" each week all by himself. His industrial naiveté amused the inspector. But Doctor Weiss' obvious sincerity and ability to produce exactly what he said he could, and his ability to devise new kinds of inspection apparatus, won him official support and encouragement. He organized a regular factory. Now he has dozens of men working for him, sales outlets all around the country, and a sales catalogue. Virtually every automotive and aircraft plant, and every arsenal, uses his "inspectoscopes,"

He refuses to make much profit or to build a small fortune. For he does not enjoy being a businessman. He does not like doing the same chores day after day. He likes to solve problems. Dentistry gave him that satisfaction, since each mouth requires individual study and treatment. Only inventing in diverse directions gives him equal satisfaction.

Mechanical engineering is Doctor Weiss' deepest craving. Dentistry also has a strong hold on his character. He says, "For twenty years I practiced dentistry. That must have repaid society for giving me an opportunity to enter the profession. My quitting gives a younger man the opportunity to take my place. But I am not through with dentistry. By no means! As soon as the war lets up I hope to turn my inventiveness on the problems of the dental office."

130 West 57th Street New York City



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Technique of the Month Conducted by W. EARLE CRAIG, D.D.S.

Drawings by Dorothy Sterling

Removal of Palatal Root of an Upper First Molar By HARRY MAETH, D.D.S.



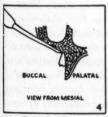
Cross-section view showing position of palatal root to be removed.



Cut flap to expose area as indicated.



Remove heavy alveolar bone on buccal and part of the septum.



With chisel-point down, direct force bucco-palatally about 2 mm. from the end of the root. Never direct chisel upward.



Clean out all bone fragments,



Replace flap and suture.



Editorial Comment

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"Give me the liberty to know, to utter, and to argue freely according to my conscience above all liberties," John Milton

LET'S THINK ABOUT GROUP PRACTICE

FOR THREE YEARS hundreds of dentists have been in group practice. They have learned in Service to work together as a unit. During this time they have been relieved of much of the tedium of private practice encouraging patronage, concern about bookkeeping, collections, buying supplies. In group practice dentists have some relief from extraneous detail which allows them to concentrate on the practical affairs of dentistry. It is true that many of the dental officers have been required to work under emergency war conditions that made it necessary for them to produce quantities of dentistry out of proportion to the demands in private practice. Much of the dentistry so produced under this speedup system was of a poor quality-so is much that is done every day in civilian life. The overall job, however, done by the Army and Navy Dental Corps has been excellent. Millions of young men and women have received dental care for the first time. Presumably they will return home with an increased appreciation of dental treatment and the resolve to have future attention if the cost is not too great.

The dentists in the Army and Navy are as anxious as other soldiers or sailors to return home and to regain civilian status. Few of them want government jobs or subsidies. They have shown no signs that they want health insurance or "state medicine"; neither for that matter have the rank and file of servicemen. Almost without exception dentists with military experience have expressed the sentiment that they want none of government practice, but that does not mean that dentists returning home will not evaluate the system of private practice differently in terms of their military experience. In the Service they saw what volumes of dentistry could be done under a system and with a plan. They saw the advantages of working as a group, concentrating on production rather than on the details of practice management. They saw the advantages of the specialization of labor: the divisions into prosthetic, operative, and

surgery departments. They saw the advantages of the dental hygienist and the trained assistant. Many dentists returning to civilian life will be critical of the waste motions and inefficiencies of private practice.

Traditionally dentists have been individual producers, more so than physicians who work together in hospitals. The military experience may show these professional hermits that better dentistry may be done by specialists in a group than by jacks-of-all-operations working alone. It is likely that this critical evaluation may give the idea to many returning dentists to set up a group practice with some of their former military colleagues. If group practice were established in low-rent areas, in modest surroundings, and with the skillful utilization of the divisions of labor, it is likely that thousands of people would be attracted; provided, of course, that good dental operations would be performed at less unit cost than is now established in private practice. We are talking about low-income group clinics privately owned and operating without governmental subsidy.

In an intelligent article Mr. C. Hartley Grattan¹ mentions: "A colossal error is being made by the great majority of those who are discussing what America must do to achieve postwar prosperity. They talk in terms of employment in factories." Mr. Grattan's point is this: "If this country is to have a higher and higher standard of living after the war, the movement into the service occupations is to be welcomed, planned for." If this is true the leadership in dentistry must encourage the utilization of the skills learned in the Army and Navy. There is no reason why the men and women trained in military service to be dental laboratory technicians and assistants should not be encouraged to utilize the training in civilian life; neither are there reasons why the efficiencies of group practice should not be adopted by dentists to insure a wider spread of dental service to the civilian population. This is not a suggestion that private practice should be destroyed; it is a suggestion that efficiencies of private enterprise be improved.

Grattan, C. H.: Factories Can't Employ Everybody!, Harper's Magazine 189:301 (September) 1944.

Edward J. Ryan

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Ask Oral Hygiene

Please communicate directly with the Department Editors, V. Clyde Smedley, D.D.S., and George R. Warner, M.D., D.D.S., 1206 Republic Building, Denver, Colorado, enclosing postage for a personal reply.

Sensitive Teeth

Q.—I have been using formalin as you directed for the treatment of the cervical areas of sensitive teeth. However, I find that the patient complains of pain in the area from twenty-four to forty-eight hours after such treatment.

Is it possible that the formalin solution is too strong?—S. S. S., New York.

A.—We use the full strength formalin in our treatment of sensitive cervical areas and obtain satisfactory results.

However, we now use the 33 1/3 per cent sodium fluoride paste for these areas, as described by Hoyt and Bibby. This treatment has proved to be the most satisfactory of any we have ever used and it has the advantage over formalin of not irritating the soft tissues.—George R. Warner.

Loss Of Dimension

Q.—I have a woman patient, 55, who has worn dentures for a number of years. She had an excessive loss of vertical dimension, as well as facial collapse.

She was having difficulty with her previous dentures, which needed to be filled in and to have the bite opened. I made her a new set; the lower is a stabilized denture and both of them fit well. The opening of the bite was moderate and is well tolerated. Her lower ridge is the flat type. In fact, there is not much ridge present, but the denture fits.

Her complaint is entirely with the lower ridge. She does not complain of any specific sore spots, but a general discomfort and tenderness. The ridge does not seem to have any sharp bony prominences, or I would have operated on it first.

I checked her diet and found it rather unbalanced and recommended some changes. I wonder if you would have any other ideas or suggestions? If so, I should appreciate a reply.—

so, I should appreciate a reply.—
N. T. A.—Minnesota.
A.—You may be able to correct the difficulty in this case by painting the entire tissue-bearing surface of the lower denture with Kerr's Sortec (soft white) wax. Insert it, have the patient chew, remove denture, and grind with a large round bur the spots or areas where the wax is displaced and the denture shows bare. Repeat this several times until a uniform bearing is provided.

Another possible solution of such a case is to line the denture, if it is acrylic, with Justi's Acrivelum. If it is vulcanite it could be changed to acrylic and so lined.—
V. CLYDE SMEDLEY.

Burning Tongue

Q.—I have a patient, age 60, who for approximately ten years had a bladder infection; now seemingly cleared up

¹Hoyt, W. H., and Bibby, B. C.: Use of Sodium Fluoride for Desensitizing Dentine, J.A.D.A. 30:1372 (September) 1943.

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Prin eases and

as a result of medication and surgery.

A year and a half ago she had her lower posterior teeth extracted and im-

learn posterior teem translated and mandately began having a sore tongue.

It burns periodically and the papillae on the tip of the tongue are enlarged and red.

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A lingual bar case of vitallium and acrylic was placed after the extractions; the bar and clasps were later changed to gold. The acrylic was also changed and cured overnight. Still the burning persists.

Roentgenographic evidence is negative, and there is no evident history of any unusual condition arising during the surgery, such as trauma or slow

healing.

The patient is in extreme pain at times and her physician has asked if we can eliminate dental possibilities or make any suggestions.—W. S. N., Cali-

fornia.

A.—We have had so many cases of burning tongue following the loss of mandibular molars or the loss of all the teeth, where the vertical dimension was decreased, that we always try increasing the vertical dimension. In a case like yours where the molars have been replaced by a denture in full occlusion we try a splint of acrylic covering the denture and the anterior teeth. The part covering the anterior teeth can be made to match the teeth.

Prinz and Greenbaum² have the following, in part, to say about

this condition:

"Etiology: Nothing definite is known about its cause. Certain characteristics point to a disturbance of the reticula-endothelial system or to some endocrine gland lesion. Morelli claims that in quite a number of cases, in accordance with the observations as made by Sellei, the disease was the direct sequence of an abnormal functioning of the stomach; either a hyperacidity or, at times, a hypoacidity or even a complete achylia gastrica.

"Prognosis: The prognosis of genuine glossodynia, in general, is

unsatisfactory.

"Treatment: In every case a careful search should be made for a possible cause. If the disturbance is of gastric origin, the readjustment of the secretory function of the stomach usually alleviates the disease. The local application of caustics to the tongue must be rigidly avoided. Attempts favorably to influence the psyche by suggestive therapeutics for the purpose of eliminating the constant fear of cancer or some other idée fixe are of the greatest benefit in many cases. Sluder has controlled glossodynia of long standing in a number of cases by following the method suggested to him by Dean; cocainization of Meckel's ganglion, and from our own experience, we are in full accord with his statement when he says: 'Anyone who has ever had to do with glossodynia, not only patient but physician as well, will welcome this possible relief." — GEORGE R. WARNER.

Abutment Teeth

Q.—I read and enjoy your ASK ORAL HYGIENE Department and should appreciate your assistance with some problems:

1. In preparing abutment teeth for fixed bridges, I sometimes experience considerable difficulty in parallcling the abutments, especially if one of them is a posterior tooth, say a second molar. If the teeth are located anteriorly, where

Prinz, Hermann, and Greenbaum, S. S.: Diseases of the Mouth and Their Treatment, Lea and Febiger, 1935.

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I have a good view of all surfaces, I do not have much trouble, but I am unable to tell if the teeth in the back of the mouth are parallel or not. I keep cutting down the posterior abutment until I have the tooth tapered to such a degree that I have lost much of the retention. Can you suggest a method of determining if they are parallel, or is there some instrument that would be of help in alinement?

2. Can you suggest a good method of applying wax to teeth in preparing wax patterns for crowns? I am especially interested in securing an accurate bite of opposing teeth, and also the contact point of adjacent teeth. I have used different methods; none of them being altogether satisfactory.

5. Please tell me how wide and how deep to carve my postdam on full upper dentures. Should it have an abrupt shoulder, or should it taper off gradually?—W. G. H., Texas

A .- 1. You will find it will be better if you will pay less attention to the exact position or angulation of the individual abutment teeth and more to maintaining your handpiece in a position parallel to the floor of the mouth or to the occlusal plane. Pass the handpiece in and out several times before beginning preparation until you are pretty sure you can complete the cutting without altering the relative position of the handpiece. While making this survey, observe each individual tooth carefully and plan your cutting preparation to provide ample anchorage without endangering pulps. Chayes put out a little paralleling device for measuring alinement of abutments a number of years ago, and I think there have also been others. Your supply house should be able to advise you whether such an instrument is available now.

2. A copper band, fitted and cut low enough so as not to interfere

with the occlusion, works ideally to confine the wax model as it is adapted to a prepared tooth for the making of a crown by the direct method. Soften the end of a large cone of inlay wax, permitting the base to remain quite firm to act as a plunger to force the softer wax into the band completely to its base at the gum line, and instruct the patient to close in heavy occlusal function. The wax should be chilled, and the band slit and removed: after which carving of tooth form is completed and adaptation at the periphery is assured by running a hot and later a warm plastic instrument around it.

3. Prepare the cast for postdam with the patient in the chair. Explore the palate with a small mirror, sliding it back from a forward position to the lingual of the tuberosity until it drops into the sphenomaxillary notch. Mark this point with an indelible pencil.

Now continue to explore across the palate with the mirror as the patient says "ah" or as he attempts to breathe out through the nose with the nostrils closed. You can tell by this examination the exact location of compressible tissue where postdam should be located and just how compressible or resistant the tissue is in this particular mouth. You can also judge the width that the postdam should be cut. Just in front of the sphenomaxillary notch there is likely to be a bony spine upon which postdam pressure should not be made. In this area the width of a No. 10 bur is usually just right. In most cases the dam can be widened considerably elsewhere.

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Write that story today.

If you are a dentist, a dental assistant, a dental hygienist or a patient-we want to know what you are thinking about.

After thus preparing the cast,

moisten it, soften the wax base-

plate across the heel, and mold it

to an accurate fit into the prepared

postdam. Try the trial plate in the

mouth; hold it up firmly and

Tell us how the war has changed your dental practice, what you are doing to promote the war effort, or what you think is going to happen to dentistry after the war.

If you have a human interest story about a dentist-hero, about a dentist who is doing something unusual outside of dentistry-a civic leader, an inventor, a radio or motion-picture star-write it down and send it along today.



A prize of \$100 will be presented each month for the best article accepted for publication in ORAL Hy-GIENE. All other manuscripts accepted will be paid for at the regular word rate.

watch for any blanching of the tissue or any area where adaptation does not appear to be sufficiently close; correct these faults the denture.-V. and process CLYDE SMEDLEY.

YOUR STORY MAY WIN \$100

It is important to remember that every article must have a dental angle. Specific articles will be given preference.



Here are a few rules to follow:

- 1. Do not write more than 1500 words.
- 2. Do not strive for a "literary" style. Write down your experiences or those of someone else in a simple, direct manner without padding or digressions.
- 3. Your manuscripts should be typewritten, double-spaced, sent with return postage.



Good pictures or drawings to illustrate your article will be welcome.



Your story may win the \$100 prize. Send it today to:

Edward J. Ryan, D.D.S. Editor, ORAL HYGIENE 708 Church Street Evanston, Illinois.

DENTISTS IN THE NEWS

(Continued from page 1841)

Indianapolis (Indiana) News: Doctor Lex Arnett, 49-year-old Indianapolis dentist, suffered recently from a sore shoulder and dislocated thumb, but he had the satisfaction of knowing he had played an important part in the capture of two men, Walter Menges, an escaped convict, and John C. Harper, who escaped from a guard house at Camp McCall, North Carolina, two years ago.

The affair began when Menges and Harper ran into the apartment building, where Doctor Arnett lives, to escape detectives who were following them. First indication of anything unusual came to Doctor Arnett, who was asleep on a couch, when he heard his wife scream and Harper fell over him

He and Harper immediately started fighting, and the kitchen floor was soon covered with wreckage. Detectives rushed up to interfere, but were held off at first by Harper's loaded revolver. Finally Harper was overpowered and arrested, and Menges was caught in another apartment. Doctor Arnett received first-aid treatment and then was taken to the City Hospital where seen stitches were made in the lacerations on his shoulder.

Menges, who had been the object of a police search, and Harper were placed in jail under high bond.

SO YOU KNOW SOMETHING ABOUT DENTISTRY!

Answers to Quiz II (See page 1827)

- Approximately 1500 c.c. of saliva. (Orban, B.: Oral Histology and Embryology, page 284.)
- Removal of only part of the pulp—usually the bulbous portion.
- 3. Prosthodontist.
- Yes. (Coolidge, E. D.: The Thickness of the Human Periodontal Membrane, J.A.D.A., 24:1260, August, 1937.)
- 5. c) Gillette.
- The carotid sinus is in the neck. It is a slight dilatation of the terminal part of the common carotid artery. (Gray's

- Anatomy, 24th Edition, page 564.)
- a) One half. (Skinner, W. E.: The Science of Dental Materials, 2nd Edition, page 157, 1940.)
- 8. Age 8-9. (Bodecker, C. F.: Dental Histology, page 10l, 1944.)
- Yes, although actually the "submerging" tooth is ankylosed and stops erupting, while the others continue to erupt. (Kronfeld, R.: Histopathology, 2nd Edition, pages 267, 272, 1939.)
- 10. Dental fluorosis (mottled enamel).

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TODAY more than ever they're BASIC DENTISTS' EQUIPMENT



THESE DAYS, when your appointment book looks as frantic as a war map, the skill of your hands needs the help of your feet. And your feet need all the help they can get from shoes that work with your feet ... Wright Arch Preserver Shoes scientifically designed to let the bones, ligaments and nerves of your feet men active day after day.

Your first few steps in Arch Preservers will show you that you've found something. Your eyes will approve their sturdy styling and fine leathers. If you're too busy to look up the nearest Wright Arch Preserver store, write us for the address and for your copy of a new, FREE illustrated booklet of shoe facts. function normally . . . to keep active A E. T. Wright & Co., Inc., Dept. H-11, Rockland, Massachusetts.

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For Women, Selby Shoe Co., Portsmouth, Ohio. For Boys, Gerberich-Payne, Mt. Joy, Pa. In Canada, for Men, Scott-McHale, London, Ont.

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Laffodontia

"Darling, I'm groping for words to express my love for you."

"Well, do you think I have part of the dictionary tattooed on me?"

"It was a beef stew romance."

"What is that?"

"She was always beefing and he was always stewed."

Jane Ace, in giving her girdle to the rubber salvage drive, said: "It is more important that the country be in good shape than it is for me."

The farmer was anxiously hunting his cow, which had strayed during the night. "Don't worry," said the Little Girl From the City, "she can't go far, 'cause I saw a man drain her crankcase last night."

Customer: "Have you a book entitled, 'Man, the Master of the Home'?"

Salesgirl: "The fiction department is on the other side, sir."

"I took Pete and his girl friend to dinner the other night. They laughed and laughed when I spoke to the waiter in French—but they didn't know I told him to give Pete the check."

Employer: "You came here with good testimonials, Miss Brown, and do you mean to tell me you don't know the King's English?"

Steno: "Of course, I know it. Otherwise he wouldn't be King, would he?" Jones: "I've heard your wife is a finished singer."

Smith: "Well, not yet. But the neighbors almost got her last night."

Girl: "Do you think my mouth's pretty?"

Soldier: "The prettiest in the world, dear; but I'm willing to put mine against it."

Patient: "This is my first operation and I'm terribly nervous."

Young Surgeon: "I know just how you feel. It's my first, too."

Friend: "You're too old for such things."

Judge: "Too old! Why, I could give you twenty years."

Friend: "Now, now, Judge. Don't start talking shop."

Corporal: "Anyone around here good at shorthand?"

New Recruit: "Sure, I am."

Corporal: "Report to the kitchen. The mess sergeant says he's shorthanded on dishwashers."

A woman when launching her first ship was a little nervous. She turned to the shipyard manager, standing beside her, and asked: "How hard do I have to hit it to knock it into the water?"

"I wonder why so many marriages are failures."

"It must be because so many inexperienced people go into it."



"MY PET PATIENT," says Dr. J. M. M., "is the 'Long Swisher.' She gets a mouthful of water, stares out the window, and rinses half my working time away.

> "Otherwise, she's practically a model patient. When I said that only one dentifrice contains sodium ricinoleate to peptize the adherent mucin and make it more readily removable with a brush, she said,

> "'Oh, yes-Detoxol. I use it every day."

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Send for our Technic Book Illustrating the Simple Set-Up and Articulation Technic for 20° Posteriors.











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Just set them to proper overjet!

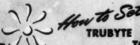
Comfort, Stability and Efficiency are built into the scientifically engineered occlusal surfaces of Trubyte New Hue 20° Posteriors — in their Narrow Occlusal Contacts, their Ample Food Table; in their Fine, Sharp Cutting Ridges; in their Low Cusps and Shallow Bites.

To give your patient the maximum benefit of this scientific engineering in the denture———

SET THE TEETH TO CORRECT OVERJET!

Even that is regulated by the teeth themselves.*

Correct overjet assures a precision meshing and balancing of the opposing occlusal surfaces in mastication and avoids biting the cheek or tongue.



TRUBYTE NEW HUE 20° POSTERIORS TO CORRECT OVERJET!



Place the lower first molar on the ridge so that the mesiolingual cusp of the upper first molar fits squarely into the central fossa of the lower first molar (Fig. 1). You will then have the correct overjet. The buccal aspect (Fig. 2) shows the ridge of the mesio-buccal cusp of the upper first molar resting in the anterior buccal groove of the lower first molar in central occlusion.

THE DENTISTS' SUPPLY COMPANY OF NEW YORK 220 West 42nd Street New York 18, N. Y.

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Tensile strength is highly important to a denture material. The "torture rack" shown here is used by Du Pont to certify that "Lucitone" will have and keep correct tensility.



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O TELA DENTURE WILL BE GOOD

Well known to Du Pont Plastics technicians is the fact that a denture can never be better than the *materials* and the care with which it is made. That's why the accumulated skill and resources of Du Pont chemistry go into the manufacture of "Lucitone" methyl methacrylate denture resin. Another reason is that certain, secret pride which demands production of the finest product possible.

Made specifically for dentistry, "Lucitone" has the properties that make a denture good. Experienced technicians have checked the process of synthesis and manufacture from start to finish. And then sample batches of "Lucitone" have been tested carefully to make certain that they meet high Du Pont standards.

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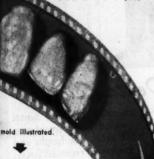
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Equipment of exclusive design built by Justi engineers specifically to accomplish absolute control of shade blend, anatomical detail, density, and uniformity of texture by a special injection process.

THE SIMPLIFIED SYSTEM—"exact type by size"—Dental Pearl "Cyclo-Mold" anterior teeth are made from exact natural tooth duplications (of greatest frequency); each tooth is designated by a number and the size by a letter. The system is graphically illustrated on the opposite page.

THE SHADES—Ten beautiful shades range from extreme light to extreme dark...all with translucent tips smoothly tapering from the deceptive soft tone grey incisals into the rich full-bodied gingival yellows.

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"I told him that you could fix teeth without hurting." Fear of operative nain and the inhibitions borne of previous unpleasant dental chair experiences are not a matter of age. In this respect the man truly is-"but a boy grown tall." Too often this apprehension results in injurious delay until the urging of somebody like young Bill, who has had the good fortune to learn about dentistry with the aid of McKesson analgesia, brings his dentist a new patient. And the dentist adds another unit to his family practice.

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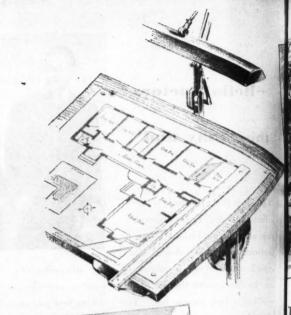
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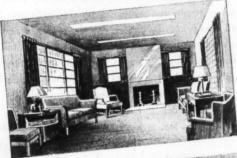
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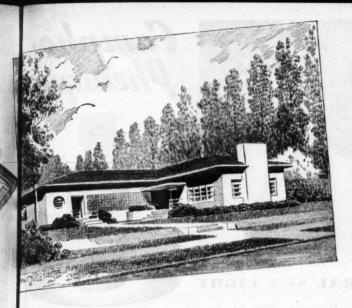








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When you enrolled as a dental student you were planning your future. When you moved into your present office, invested in your present equipment, you were planning your future. Today is the finest time in your life to plan a brighter new future. Look forward to your postwar practice—with another operating room, in new, more inviting quarters, possibly in a new bungalow office. Your Ritter dealer can engage for you the facilities of the Ritter Office Planning Department, and plan now an office that can be made ready for you without delay. Ritter Company, Inc., Ritter Park, Rochester, N. Y.





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This Hu-Friedy light has been designed to give long service at little expense. It is very sturdily constructed, requires no servicing, uses a minimum of current.

The adjustable condensed-focus concentrates the low-candle-power light to brilliant intensity. Mechanical construction permits perfect ventilation to carry off generated heat.

Furnished with cushion-padded head-band in either soft leather or stiff fibre, 10 feet of rubber covered wire cord vulcanized to a sturdy wall-plug, and transformer for alternating current of rheostat for direct current. The price is \$25.00.

When ordering please tell whether for D.C. or A.C. current.

Price subject to change without notice.

The Hu-Friedy Mfg. Company 3118 N. Rockwell St. Chicago, III.

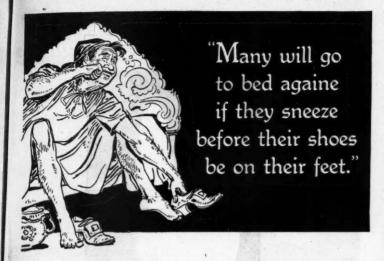
Campho. Phenique



Applied topically to the inflamed, irritated or edematous gum and oral mucous membrane, Campho-Phenique tends to promptly counteract the pain and inflammation. It helps to soothe the involved area, to hinder infection and to permit the return of healthy tissue.

After extractions a cotton pledget saturated with Campho-Phenique and inserted loosely into the socket provides an analgesic effect without aversion on the part of the patient, for Campho-Phenique is not distasteful.

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This was a 16th-century precaution against the supposed bad luck of sneezing in the morning

never any more basis of truth in that old 16th-century precaution than there is in the notion that food stored in the opened can is unsafe.

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It may be more convenient to transfer unused portions of canned foods to a dish or bowl. But, since both the can and the food are sterilized in the processing, the can is as safe a container as can be found for unused portions of the food. The important thing to do is keep the food cool and covered.

But many errors are made in using canned foods. Women often drain off the liquid in which vegetables are cooked, thus discarding valuable minerals and vitamins; others persist in cooking away carefully protected vitamins, not realizing that canned foods are cooked foods, and merely require reheating to serve. If this great class of foods is to count for all its worth, these mistaken notions must be corrected. We urgently ask that you who play a part in helping to form the dietary habits of this great nation, take part in this educational work.

For your convenience, we have prepared a very brief booklet which answers simply and authoritatively the most important questions commonly asked concerning commercially canned foods, their preparation and use. For free copies drop a card to

THE CAN MANUFACTURERS' INSTITUTE, INC. 60 EAST 42ND STREET, NEW YORK 17, N.Y.



Not Decay! Not Erosion!



How would you diagnose this tooth damage, Doctor?

Recent Laboratory and Clinical Studies* seem to reveal the cause of this damage as well as the proper technique for avoiding it.

IF NEITHER DECAY NOR EROSION...THEN WHAT?

We would like to offer an answer to this question ... an answer based on extensive laboratory and clinical studies made recently by dentists and scientists. These findings have been summarized in a new booklet which we believe you'll find interesting and quite helpful to you in your practice.

We will be very happy to send this booklet to you on request. Simply fill in and mail the coupon below.

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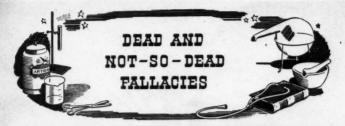
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TO THE PHYSICIAN WHO SMOKES A PIPE: We suggest an unusually fine new blend-Country Doctor Pipe Mixture, Made by the same process as used in the manufacture of Philip Morris Cigarettes.





CURE FOR RABIES: a mixture of powdered canine jawbone, the ground-up false tongue of a newly foaled colt, and green rust scraped from surface of English penny, reign of George I. Pasteur killed that fallacy and many other rabies "cures" in 1885.



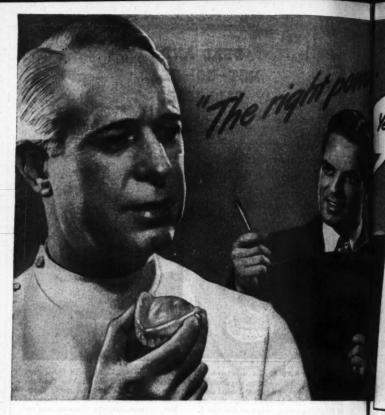
THE DARKNESS inside a food can causes the vitamins in the food to deteriorate. On the contrary, darkness tends to preserve the vitamins. Yet, statements like this one are repeated impressively by the "foodfad" layman. You may have even been consulted by some.

As much nutritional research on canned foods has shown, all vitamins are retained to a high degree either in the processed food itself or in the liquid in which the foods were cooked.



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Scatter powder on the ridge area and up sides to periphery, across post dam. Shake excess off.

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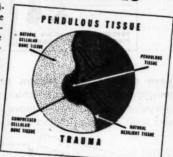
SOLUBLE—Because Dr. Werner's is completely soluble, free of foreign matter, it sets up a soft, resilient cushion of almost imperceptible thickness permitting the denture to ride close to the tissues as you designed it to do and does not create any bulk to destroy that perfect fit.

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Yes, Doctor, there is a Right Powder

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This enlarged picture symbolically portrays pendulous tissue which is the result of mal-occlusion. The use of insoluble denture powders may form incrustations and, if not removed, these hard uneven spots can—through mandibular pounding—compress the cellular bone structure. Nature then compensates for this condition by sponging the resilient tissue, at that point, to replace the compressed bone, resulting in a condition of TRAUMA.



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For exact registration of the finest detail in full denture work, use Plastogum—the easy-to-use impression material. Plastogum is highly accurate. It is unequalled for recording the periphery and muscle trimming. It is far superior to plaster for corrective or wash impressions.

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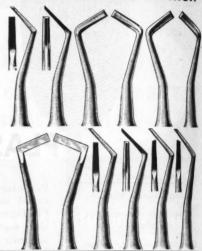
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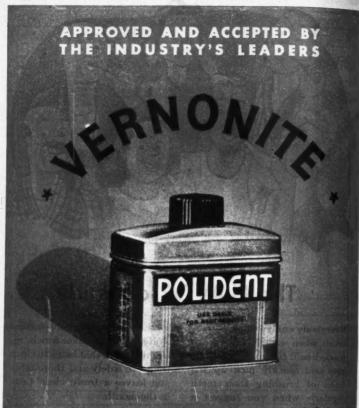
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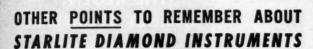
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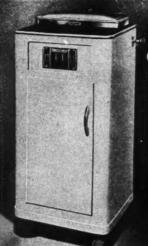
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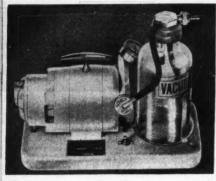
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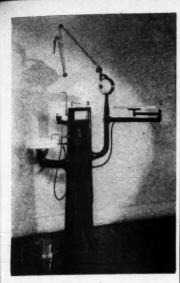
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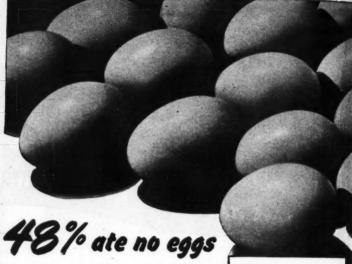
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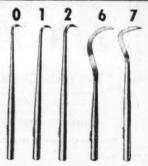
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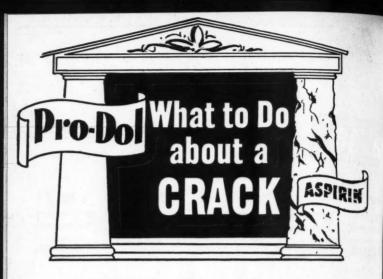
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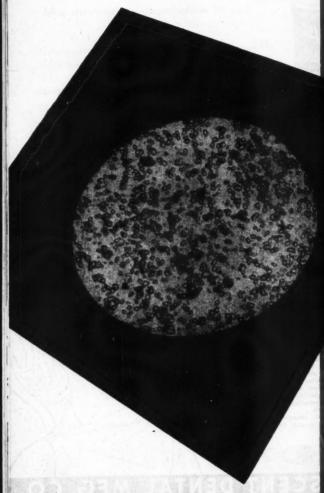
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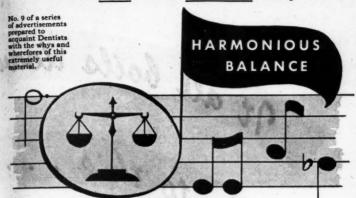
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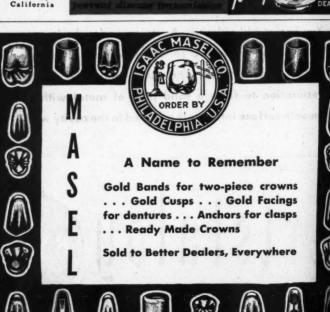
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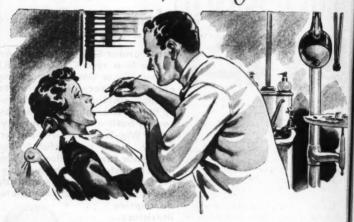


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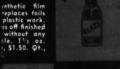
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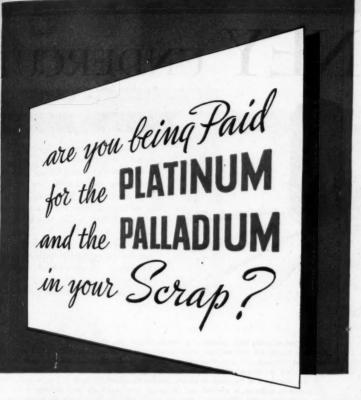
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NEY undercut



Nev Undercut Gauges have been & signed for use with the Ney Surveyor to eliminate uncertainty in correct positioning the resilient tips of car clasp arms. In the past, while the Sm. veved Line indicated the undercut are into which these resilient portions of the clasps should go, there was no standard means for determining just HOW FA into the undercut they should be place for proper retention. With the Ne Undercut Gauges this determination if no longer a matter of guess-work.

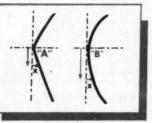
The method of using these gauges is extremely simple. The three gauges included in the log Undercut Gauge Kit indicate three exact amounts of horizontal undercut 010 inch, II inch, and .030 inch . . . and these amounts are the MAXIMUM that should be used for at type of clasp, as shown in the diagrams on the opposite page.

In use, the shank of the gauge is simply brought up against the tooth at a point above when the maximum undercut is required and the gauge raised vertically until the edge of the bal also touches the tooth. The point where the gauge head touches is then the correct position

for the gingival edge of the clasp tip:

Diagrams at the left show how such a procedure vil automatically take care of differences in the shape the tooth while always assuring correct placement clasps for proper retention.

Ney Undercut Gauges are furnished in sets of three i an attractive plastic case, together with a new type Ass lyzing Rod which may be used with all surveyors equipped with a chuck for holding a .076" diameter shank ver cally. Priced at \$2.50 per set, with instruction chart.



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The "020" undercut gauge is used for #1 clasps, #2 clasps, and One-Two Combination clasps. Also used for Ring clasps when they are used in pairs on bi-lateral alltooth-supported cases or when a Ring clasp is used with another type of posterior clasp on the opposite side of the arch.



The "030" gauge is used only for Ring clasps on bilateral cases that are all-tooth supported on one side of the arch and free-end on the other. In such cases a greater amount of undercut can be made use of for more secure retention.



For more detailed description and instructions covering the whole subject of the Ney Surveyor method of partial denture design we refer you to the Ney Surveyor Book and the Ney Partial Denture Book. If you do not already have copies of these books, we shall be glad to send them upon request.

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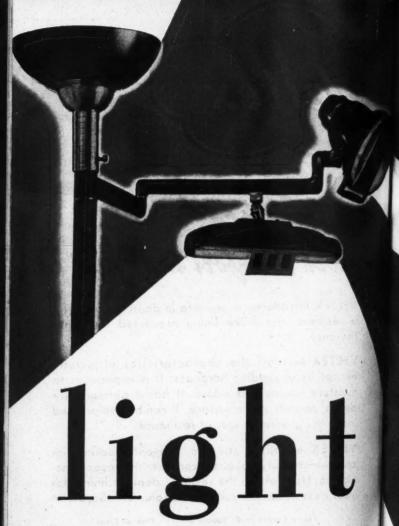
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The same quantity of the same reagent was used on all three. On the 99.9% acrylic purity of Crystolex liquid (center) the reagent showed no reaction whatever. Acrylic liquid on left reacted by turning bright orange, while acrylic liquid on right formed long stringy precipitate. Only foreign matter could create these reactions.

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